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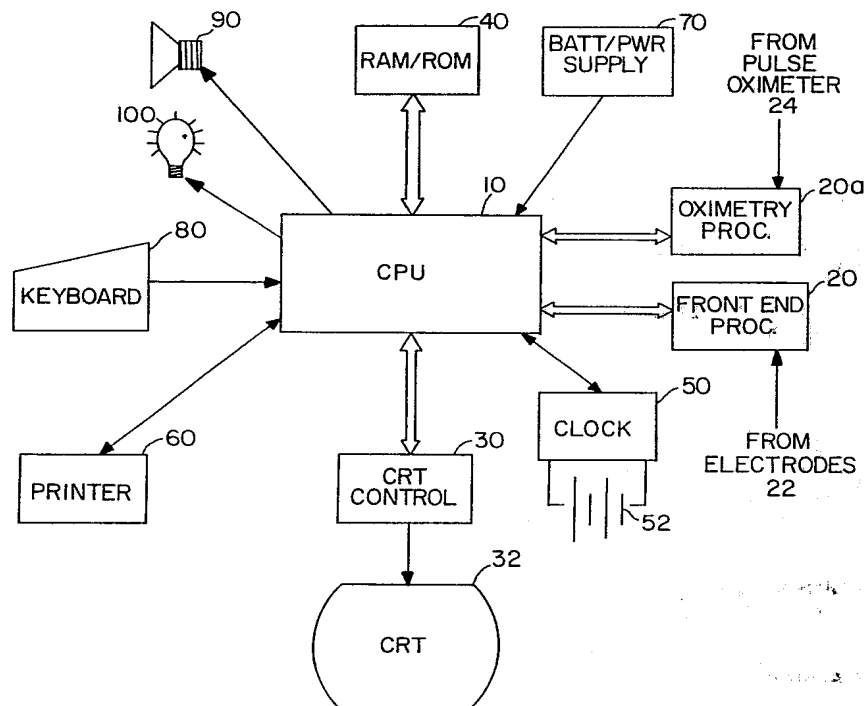
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(54) Title: NEONATAL CARDIORESPIROGRAPH INCORPORATING MULTI-VARIABLE DISPLAY AND MEMORY



(57) Abstract

A system and method for transducing, recording, and displaying information relating to cardiac and respiratory functions of an infant. The system and method allows immediate detection of apnea events and of bradycardia associated therewith, as well as presentation of historical charts of such events.

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- 1 -

NEONATAL CARDIORESPIROGRAPH INCORPORATING MULTI-
VARIABLE DISPLAY AND MEMORY

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A Microfiche Appendix including 16 microfiche is included in this application and is incorporated by reference. Each microfiche numbered 1 to 15 contains 62 frames plus one test target frame, for a total of 63 frames per microfiche. The last microfiche, numbered 16, contains 24 frames plus one test target frame for a total of 25 frames.

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-2-

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Background of the Invention

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It has been recognized for a number of years that interruptions in breathing activity of infants, and particularly of premature infants, are significant medical events. Such interruptions of breathing are known as apnea. In addition to interruptions of breathing effort, another type of apnea involves a physical blockage or obstruction of the infant airway. This form of apnea is known as obstructive apnea and is not associated with a reduction in respiratory effort of the infant.

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Although apnea by itself is a significant medical event, it is also recognized that when apnea is coupled with bradycardia (a significant slowing in heart rate unique to newborns), far more serious medical consequences may result. Various medical studies have proposed historical reconstruction of correlations between apneic events and bradycardic events for the purpose of diagnosis. Such reconstructions are typically performed using chart recording instruments having a common time scale and allowing these instruments to record long durations of patient information. Typically, many yards of chart paper are collected over a twelve-hour or longer duration and are aligned for

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-3-

visual inspection by an attending physician or researcher.

5 The instruments used in these correlation studies have included impedance pneumographs and conventional heart rate monitors.

10 Impedance pneumography is based on the principle that volume changes within a conducted electrical field are accompanied by changes in electrical resistance. Typical impedance pneumographs impose a small current (less than 0.3 ma) at 40 to 100 KiloHertz through electrodes placed on the infant chest wall.

15 Instruments which combine respiratory and cardiac information and plot the derived data on paper, display it on screen, or record it to a magnetic tape have been available for some time. In addition, many of these instruments are equipped with alarm circuitry
20 which provides a visual or audible indication to attending medical personnel. These alarms are typically adjustable over some defined range. For example, periods of decreased breathing activity exceeding 20 seconds are determined to be apneic events and an apnea
25 alarm is sounded.

 A non-invasive technique for measuring oxygen saturation in active hemoglobin may be provided by a pulse oximeter (Nonin Medical Model 13030) which uses

-4-

both visual and infra-red wavelengths of light transmission through, for example, a fingertip (or in the case of an infant, the big toe). Percent oxygen saturation of oxyhemoglobin is important as an indicator of the physiological condition which results from episodes of apnea, or episodes of apnea coupled with bradycardia.

Summary of the Invention

According to the present invention, a system and method for displaying current and historical information related to apnea events in a human infant involve producing (via appropriate sensor and transducer systems) signals indicative of cardiac activity, respiratory effort, and relative saturation of oxyhemoglobin; transmitting these signals to a computer (such as by electrical conduction, or signal modulation of RF or IR signals, or the like); receiving these signals into the computer; and calculating, storing, and simultaneously displaying to a user on a single visual display: (1) an electrocardiogram waveform, (2) smoothed value of a predetermined number of samples of the instantaneous heart rate, (3) smoothed value of a predetermined number of samples of the instantaneous oxyhemoglobin saturation, (4) respiratory effort, (5) transthoracic impedance, (6) smoothed value of a predetermined number of samples of the instantaneous respiration rate, (7) a graph of

-5-

smoothed value of a predetermined number of samples of the instantaneous heart rate over a predetermined duration, (8) a graph of smoothed instantaneous oxyhemoglobin saturation over a predetermined duration, and (9) a graph of respiratory effort over a predetermined duration.

Brief Description of the Figures

Figure 1 is a block diagram of the monitoring system of the present invention.

Figure 2 is a representation of the main screen display of the monitoring system of the present invention.

Figure 3 is a representation of the first trend display screen or Pneumobar™ apnea histogram display.

Figure 4 is a representation of the second trend display screen or Pneumobar™ Pointer display.

Figure 5 is a representation of the second trend display screen in an alternate mode, or Pneumobar™ Pointer Mode Two display.

Figure 6 is a representation of the third trend display of the present monitor or the Pneumoxy-

-6-

bar^m apnea/oxyhemoglobin saturation time histogram.

Figure 7 is a printout produced by a continuous printout mode of the system of the present invention.

Figures 8-21 represent bubble diagrams of the software-implemented processes comprising the monitoring system and method of the present invention.

Brief Description of the Invention

The medical monitor of the present invention comprises a general purpose microprocessor-based computer which is programmed to process electrical signals emanating from patient transducers and to provide visual indications of processed patient information, audible indications of both patient and equipment alarm conditions, and self-diagnostic functions. The system takes its patient information inputs from a conventional pulse oximeter device and from electrodes attached to the patient chest wall and leg. Through these inputs, data relative to the infant's respiratory effort, and heart activity, are provided to a pre-processor module (front end board) which provides data input scaling, electrical isolation, and event interrupts to the main microcomputer system. Oxyhemoglobin saturation data from a separate transducer and micro-

-7-

computer pre-processor is also provided to the main microcomputer system.

5 The microcomputer system is implemented as a multitasking architecture wherein discrete software processes share a single microprocessor according to a hierarchy of priorities. Real-time information is displayed to the user by various processes. In the main display mode of the system of the present invention, a real time electrocardiogram (ECG) is displayed. 10 In addition, a common time axis which is adjustable to one minute, two minutes, or four minutes, displays smoothed (time integrated) real time heart rate, smoothed real time oxyhemoglobin saturation, and 15 smoothed real time respiratory effort. This combined graph of real time heart rate and real time respiratory effort is termed a "cardiorespirogram" (CRG). In addition to displaying the various scales of these plots, individual instantaneous smoothed values for heart 20 rate, oxyhemoglobin saturation, respiratory rate, indicator of perfusion, and transthoracic impedance are provided.

25 In response to key actuations by a user, additional information may be set and displayed including upper and lower alarm limits for heart rate, oxyhemoglobin saturation, and respiratory rate, as well as a duration alarm for apnea events.

-8-

In addition, a threshold limit for detection of bradycardia may be adjusted as well as the time scale on which the CRG is displayed.

5 The system of the present invention incorporates a digital memory sufficient to store 12 hours of patient events and data which are accumulated in five-minute intervals. The Pneumobar™ and Pneumoxybar™ trend displays, as well as their associated pointer
10 detail modes, give an attending physician or nurse access to this historical data on screen or on an attached output printer, without the requirement that the information be continually printed or recorded to a storage device.

15 Correlations among apnea events of particular durations, bradycardia events coupled with apnea and levels of oxyhemoglobin saturation are graphically displayed in histogram form without requiring any chart
20 or recorded data manipulation.

 It is expected that the main display incorporating both ECG and CRG elements will be of central interest to primary caregivers (attending nurses),
25 while the trend displays will be of primary interest to diagnosticians. For this reason, the system of the present invention defaults to its main display and automatically initiates that display whenever a pre-set alarm limit is crossed, or after a predetermined

-9-

period in which there is no user interaction with the system.

5 Detailed Description of the Invention

10 The monitor system and method of the present invention comprises an infant electrocardiograph and respirograph for use in neonatal intensive care units. The connection to the infant is by both standard electrodes for measuring transthoracic impedance and cardiac activity, and a standard neonatal pulse oximeter for measuring oxyhemoglobin saturation. The transduced signals are used within the monitor system to derive a smoothed heart rate, and a smoothed respiration rate which are provided with user definable high and low limits. The system also provides a user settable apnea delay alarm which is variable from 5 to 30 seconds in one second increments.

20 The cathode-ray tube display by which the monitor system of the present invention communicates with a user operates in eight distinct modes. These modes are termed start-up, main, trend one (or Pneumobar™), trend two (or Pneumobar™ Pointer which is 25 comprised of two sub-modes, each having a moveable pointer), trend three (Pneumoxybar™), demo and service. Each screen mode is a separate function which is implemented by the system software contained within the

-10-

monitor system. In each mode, the various displayed items and user inputs are individually defined.

5 Referring now to FIG. 1, there is shown a block diagram of the monitor system of the present invention. Central to the system is central processing unit (CPU) 10. In one embodiment of the present invention, CPU 10 is a Motorola 68000 microprocessor. As is conventional in the art, various support circuitry (not
10 shown) is used to interface CPU 10 with other components of the system. Front end processor 20 is responsible for generating various data-derived interrupts and timing functions within the system. Front end processor 20 receives input by input line 22 from the patient
15 electrodes. Pulse oximeter transducer signals are passed via line 24 to oximeter pre-processor 20a, and then to CPU 10. Based upon the occurrence of certain signal waveforms, front end processors 20 and 20a may interrupt CPU 10 in order to notify it that information
20 is ready for further processing.

CPU 10 is also interfaced to CRT controller 30 (which in one implementation may be a 63484 device from, for instance, Hitachi). This controller allows
25 the placement of discrete pixels at any location on the cathode-ray tube 32.

CPU 10 is interfaced through a standard address and data bus arrangement to memory 40 which may

-11-

be a combination of read-only memory (ROM) and random access memory (RAM). In one implementation of the system of the present invention, the executing software program is stored in ROM and partially relocated to RAM for execution. In addition, data relative to system operation, time, and patient variable information is stored in memory 40 during system operation.

CPU 10 is further interfaced to battery backed-up clock 50 which comprises a real-time clock circuit coupled with a low-current drain random access

memory. Battery 52 is used to independently power clock 50. During operation, clock 50 provides real-time information to CPU 10 and the random access memory portion of clock 50 is used to record operating parameter and time check data periodically during operation. In the event of a power failure or other lapse, the stored information may be compared with available data in order to determine the duration of failure and to assess the validity of the current user variable settings.

CPU 10 is serially interfaced (with optical isolation) to printer 60 which may be a suitable all-points addressable output device. Because of maintenance constraints, it has been found that thermal printing devices which do not require disposables apart from paper are the most desirable type for use with the

-12-

system of the present invention.

5 CPU 10 and all other peripheral devices are provided with power from power supply 70 which may optionally include a rechargeable battery. In addition to supplying power, power supply 70 also contains appropriate monitoring circuitry to allow CPU 10 to access the state of charge of the battery and also to allow proper execution of a start-up sequence when power is first applied to the system.

15 Data input from a user is accomplished through a set of key switches 80 which is interfaced to CPU 10. Depending upon the mode of operation, these key switches, used alone or in any one of several combinations, are individually decoded in software and their actions appropriately determined. According to the preferred embodiment of the present invention, there are seven key switches or buttons which are marked silent/reset, print, trend, pointer, set, up arrow, and down arrow.

25 In order to provide alarm indications and other feedback, CPU 10 is interfaced with audio circuitry (not shown) and a speaker 90. Various tones are generated to signal alarm and operating mode status and are transmitted to speaker 90 during operation. Similarly, alarm lights 100 are interfaced to CPU 10. In the preferred embodiment of the present

-13-

invention, multiple alarm lights are located on the front and sides of the system case to provide a substantially full circle field of view. This is because, in typical operation, multiple units may be located in a small area, and a unit in alarm must be readily recognizable from any location in the room.

A complete discussion of the specific display features of the display modes of the present invention is contained in Appendix I (comprising Air-Shields® System VI™ Infant Monitor with Pneumobar™ Displays and System VI-S™ Infant Monitor with Pneumobar™ and Pneumoxybar™ Displays Operators Manual, © 1989 Air-Shields Vickers) to this specification.

Referring now to FIG. 2, there is shown a print out of the main mode screen of the system of the present invention. The description of that screen is given at sheets 2-9 through 2-18 of Appendix I as a description of the individual elements of the main display. In addition to the elements described therein, FIG. 2 includes a banner line 200 (displayed only on the printed rendition of the screen, and not on the video display itself) which includes the time and date at which the print out was made, a P bar 210 which is a graphical indication of changes in perfusion, and ECG break indicator 220 which is a graphical separation between newly plotted data (to the left of the blank area) and older data (to the right). The indicator 220

-14-

proceeds at a rate of 25 mm per second from left to right during operation. Respiration scale bar 230 indicates the impedance scale for the plot of respiratory effort.

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It is the combination of displayed information on the main mode screen which makes it of primary usefulness to attending medical personnel (primarily nurses). Instantaneously available data reflecting the last one, two, or four minutes as well as an on-going real time ECG, are invaluable in quickly evaluating an infant's condition. Furthermore, direct indications of perfusion and transthoracic impedance are important indicators of the condition of the sensor system. Still furthermore, because electrodes tend to deteriorate with time, the on-screen indication of transthoracic impedance 212 provides an indication of the quality of information being received by the monitor. As the electrodes age and the impedance increases, higher noise levels are experienced and less sensitivity is possible. Thus, the main mode display, in addition to providing significant instantaneous information about a patient, also provides an indication of when a renewal of the sensor electrodes is required. Furthermore, the message center area of the main mode display provides direct indications of both patient and monitor system status.

Moving bar indicator 214 provides a graphical

-15-

5 separation between newly plotted information
(immediately to the left of the bar) and the oldest
information (immediately to the right). Depending upon
the time scale selected for display, bar 214 completes
a left-to-right traversal of the plot area in one, two,
or four minutes.

10 It should again be noted that the main screen
of FIG. 2 is a "real time" display of patient
information, while the other screens described below
contain principally historical and statistical
information. For this reason, detection of an alarm
condition, or a lack of user interaction with the
system causes a reversion to the main screen.

15 Referring now to FIG. 3, there is shown a
Trend One display or Pneumobar™ display generated
according to the method of the present invention. A
description of the Trend Displays is given at sheets
20 2-19 through 2-34 of Appendix I.

25 FIG. 3 depicts a histogram of three hours
duration (read from right to left) which quantifies in
five minute increments the incidence of reduced
breathing effort or apnea. A print banner 200 (present
only on the printout) indicates the time and date the
print was produced. Histogram 300 plots time on the
horizontal axis and numbers of apnea events (of five
seconds duration or greater) on the vertical axis.

-16-

Histogram 310 separately provides a sorted duration histogram for the various classes of events displayed during the three-hour period, and numeric display 320 indicates the total number of apneic events during the three-hour interval. Of special interest is histogram bar 302 which indicates the detection of an inoperable condition (power failure, electrode disconnect, or a similar event). Although the height of the hashed histogram bar represents the number of apneic events recorded during that particular interval, its hashed appearance signifies that the information recorded is somehow incomplete. Of additional interest are the individual bars within histogram 310. The 15, 20, 25, and 30 second bars are shown in outline or in partial outline indicating that a number of apneic events coincided with bradycardia. This is a significant clinical fact because adult patients normally experience acceleration of heart rate when breathing is reduced or obstructed. In infants, however, the opposite is often true. It will be noted that similar outlined sections appear in histogram 300 as well.

Referring now to FIG. 4, there is shown a Trend Two (or Pneumobar™ Pointer) display. It will be noted that histogram 300 now displays a time interval from three to six hours in the past and that one of the histogram bars has exceeded its maximum recordation level of twenty events. In this instance, a small "+" symbol is displayed over the bar which has exceeded the

-17-

display range in order to indicate this fact. A pointer 304 has been adjusted to indicate the particular histogram segment located at three hours forty-five minutes. The segment at three hours, fifty-five minutes is indicated to be out of range. In this mode, duration histogram 310 displays the duration only for the apnea events recorded between three hours and forty-five minutes and three hours fifty minutes as indicated by pointer 304, and indicator 320 displays the total number of events within that five minute interval. Such information is of relevance in determining the severity of apneic events. In particular, regardless of the alarm setting entered by the user, the system of the present invention continues to record all events of greater than five seconds' duration. It similarly records a bradycardia determination associated with apnea or with periodic breathing. In this way, a diagnostician may review particular epochs in the patient's recent history and determine, for instance, that an infant is experiencing periodic breathing or is experiencing, as shown in FIG. 4, a high incidence of apnea, the more lengthy events of which are coupled with reduced heart rate making them more threatening.

Referring now to FIG. 5, a second pointer mode illustrates the time-distribution of apnea events of a given duration. Examination of this information enables the clinician to make valuable clinical

-18-

judgements including differentiation of "periodic breathing" from apneas, as well as correlation of external events, such as administration of medication or waking of the infant by the apnea alarm, with apnea events. This, too, assists a diagnostician in review of a patient's history.

Referring now to FIG. 6, there is shown a third type of trend display according to the method of the present invention. This display, termed a "Pneumoxybar" display, retains histogram 300 (and displays data identical to that of FIG. 4.) In addition, a display of oxyhemoglobin saturation is added in graph 330. For each five minute interval, the minimum value of oxyhemoglobin saturation in percent, the maximum value, and the average for that five minute interval are displayed as an "I" beam with a superimposed block marker. By referring to the display 330, a diagnostician may determine the actual impact which apneas or apneas coupled with bradycardia had on the infant. By reference to plot element 338, it can be discerned that in the same period illustrated in FIG. 4 in which a total of thirty apnea events, two coupled with bradycardia, occurred, a range of oxyhemoglobin saturation from 50 to 99% was observed. However, the average saturation was 85%. Thus, it can be seen that the events of apnea during the particular time period had a far more severe effect than, for instance, the apneic episodes depicted at element 339 during which

-19-

the range of saturations was more restricted, but the average saturation remained above 90%.

5 FIG. 7 is a portion of a continuous printout
produced at real time by the system of the present
invention. This printout depicts on a common user-
selectable time scale, smoothed heart rate,
oxyhemoglobin saturation, and respiratory effort. This
10 printout corresponds closely to the multiple printouts
which have heretofore been produced by separate
instrumentation and manually aligned in order to search
for correlations. During continuous print mode, screen
prints of any display may be produced upon either alarm
or demand. Such prints will be imbedded in the
15 continuous print, which will queue data and will "catch
up" at the conclusion of the screen print.

 The system and method of the present inven-
tion is implemented as a multi-tasking computer system.
20 Central to the function of that system is the software
by which the various interactions with the user and
display modes are generated. The multi-tasking aspect
of the system is implemented in a system kernel which
provides the basic structure for multi-tasking up to
25 ten devices and twenty processes. Each device refer-
ences a reserved area in memory which includes a status
area and a ring buffer for storage of input and output
data. Each process corresponds to a process block area
reserved in memory which contains storage space for the

-20-

CPU registers, flag storage, and a ring buffer for interprocess messages. Processes run as if each had a virtual microprocessor but can be suspended for indefinite periods of time. Consequently, each process also
5 has its own stack storage area and both registers and stacks are stored or restored to and from this area during a context switch. Context switching is controlled by the kernel which determines when a process
10 is ready to run and has sufficient priority to do so. In the preferred embodiment of the present invention, kernel commands are implemented as trap instructions. These include:

sleep

sleep_conditionally

time_read

interrupt_waiting

interrupt_send

interrupt_receive

message_send

message_waiting

-21-

message_receive

software_reset

5 system_reset

kernel_reinit

10 In addition to trap instructions, the kernel module contains a number of subroutines accessed by outside programs such as interrupt service routines. These include:

put_interrupt

15 get_interrupt

test_interrupt

20 which are used to manage interrupt data in ring buffers associated with device interrupts. Similarly, the subroutines:

put_message

25 get_message

test_message

-22-

are used to manage interprocess messages in process ring buffers.

5 In addition to the kernel module, several other modules provide low-level support for the system of the present invention. These include a frame module which controls memory allocation for interrupt vectors, the stack, the serial transceiver circuitry, and the real time clock: the initialization module
10 which defines global variables and data types for use by other modules: and the devices and arout modules which provide interrupt service routines for the peripheral devices.

15 In order of system priority, the following processes are implemented as independent modules in the multi-tasking environment controlled by the kernel.

20 POWER

 ERROR

 TIME
25 START-UP

 SALES_DEMO

-23-

SERVICE

INTEGRITY

5

AUDIO

DISPLAY

10

PROCESS_DATA

TREND

ALARMS

15

SET

BUTTONS

20

SERIAL

PRINT

IDLE

25

The Microfiche Appendix contains the source code for these modules, in 68000 macroassembly language.

Referring now to FIG. 8, there is shown a

-24-

bubble diagram of the relations between the start-up process and other processes comprising the system of the present invention. The start-up process 700 is capable of receiving messages through a message receive trap instruction to the kernel. These messages may be SET_KEY, UP_ARROW, or DOWN_ARROW key. The start-up process may also send messages. These messages include PURGE_KEYS, REDRAW_SCREEN, and START-UP_ROUTINE_ERROR. Messages sent by this start-up process are received by other processes as depicted in FIG. 7. The start-up module is initiated after various system functions including the kernel have been initialized through a power-on reset sequence from the system hardware. The start-up module first displays a start-up message on the CRT for a predetermined period of time and then conducts an internal test of both random access memory and read only memory. Should either of these tests fail, a system failure message is displayed and the sleep trap instruction is issued. If both tests are passed, a short sleep trap is initiated to permit other processes to run briefly. On reactivation, if the start-up screen is still displayed, a PURGE_KEYS message is sent to the BUTTONS procedure, a REDRAW_SCREEN message is sent to the DISPLAY process, and the displayed screen is set to MAIN_DISPLAY. A message receive trap then allows for user entry of the set key, the up-arrow key or the down-arrow key. Actuation of any other key is ignored.

-25-

5 The setting routine allows the user to set the day, month, year, hour and minute by actuation of the up and down arrow keys to increment and decrement the value displayed, and by repeatedly actuating the set key to adjust the value which will be acted upon. If during the display of time and date information, no key is actuated for a period of greater than ten seconds, the start-up module is suspended with a message receive trap. It is, however, known that no other
10 module within the system addresses messages to start-up and so the suspension is effectively permanent.

15 The MAIN/ERROR process includes software code for the error process, for the integrity process, and for the idle processes. The MAIN module also contains a table which defines process priority for the system as a whole.

20 Referring now to FIG. 9, there is shown a bubble diagram for the MAIN process. As indicated in the figure, error messages are received by the ERROR process within the main module and are directed to the DISPLAY process and to the PRINT process, as appropriate. In addition, errors may trigger alarms which
25 are instigated by messages sent to the ALARMS process. The INTEGRITY process and IDLE process are on-going within the main module, but neither send nor receive messages outside that module. The INTEGRITY process is also resets the "watch-dog timer" circuit which exists

-26-

to prevent any process from executing for too long a period of time. If the watch-dog timer is not reset periodically, it can generate a system error exception which is handled by the ERROR process. The ERROR
5 process maintains a total of the number of exceptions which it has received and when this total exceeds a predefined limit, a system failure mode is evoked which displays appropriate on-screen messages and effectively locks out the system. Software messages, such as
10 invalid trap instructions, detected software errors, system restarts, and watch-dog timeouts cause the exception routine to reinitialize the system including reinitialization of the display, devices, data, and finally, reinitialization of the system kernel.

15
The TIME module depicted in FIG. 10 exists to up-date the random access memory on the real time clock chip. This random access memory, known as BBRAM (Battery Backed-up RAM) stores a time, alarm limits,
20 and other user configurations, and a check-sum by which the information stored will be validated when retrieved. The time process can receive two messages: LOAD_BBRAM, and UP_DATE_TIME. The load instruction causes all system parameters which are global to the system to be
25 stored in the real time clock chip random access memory, along with a computed check-sum of those values. The UP_DATE_TIME message causes the current time to be stored in a defined location in the Battery Backed-up RAM. This time is used by other processes to deter-

-27-

mine, for instance, the duration of a power failure.

5 Referring now to FIG. 11, there is shown a
bubble diagram of the message flow interrelationships
concerning the SET process. The SET process receives
messages from buttons indicating the actuation of the
set key, the up-arrow key, and the down-arrow key.
These three controls permit selection of each settable
parameter of the monitor system of the present inven-
10 tion and incremental adjustment of each parameter's
value. The SET process, in addition to permitting
direct modification of these system parameters, com-
municates with the display process to control display
modes such as time durations and inverse video indica-
15 tions, and communicates with the independent print
process for initiating and terminating the real time
print of cardiorespirogram information depicted in FIG.
7. In addition, the set process also communicates with
the error process to indicate incorrect key actuations
20 and the time process described above to up-date the
Battery Backed-up Random Access Memory when a system
parameter has been altered.

25 The set module is normally suspended in a
message received trap instruction. When the buttons
routine (described hereinafter) determines that a key
actuation is intended for the set module, it passes a
message to the set module which is then activated in
its priority turn. The set module determines whether

-28-

the SET_KEY has been depressed. If the SET_KEY is the one actuated, the currently displayed screen is determined and if it is the main or CRG display, the screen is placed in set mode which reveals the settable parameters (alarm limits, CRG time scale, apnea delay and other features as indicated in the user manual). Subsequent actuations of the SET_KEY cycle through each settable system parameter, one at a time, while actuations of the up-arrow and down-arrow keys increment or decrement the currently active parameter as appropriate. Continuous actuation of a key permits it to automatically repeat, thus allowing for rapid adjustment of a value. At the conclusion of set operations, or if no key strokes are received for a predetermined period of time (typically ten seconds), the display mode is returned to the main or CRG display and a message to up-date the Battery Backed-up Random Access Memory is forwarded to the time process.

Referring now to FIG. 12, there is shown a bubble chart diagram of the message flow concerning the buttons process. This process is a relatively low-priority process but one which is central to the user control functions of the system of the present invention. The buttons process receives only one message, PURGE_KEYS, which flushes any pending key strokes from the ring buffer associated with the buttons process. The buttons process monitors the seven keys which may be user activated: silence, print, trend, pointer,

-29-

set, up-arrow, and down-arrow. These keys may be actuated singly or in various combinations and are interpreted by buttons in accordance with predefined functions relative to each mode of the system of the present invention. The key definitions for each mode are summarized in Table I.

5

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-30-

TABLE IKey Functions, Startup

5	Silence - inactive
	Print - inactive
10	Trend - inactive
	Pointer - inactive
15	Set - inactive in base model, used to select element of time to set, if communication option is present
	Up Arrow - inactive in base model, used to set time with communications option
20	Down Arrow - inactive in base model, used to set time with communication option
	Silence-Set-Up Arrow - activate Sales Demo
25	Silence-Set-Down Arrow and other keys - activate Service Mode

-31-

Key Functions, CRG Display

Silence - see Alarm Reporting

5 Print - will cause demand print of current
display if printer present

Trend - Pneumobar™ Display 1 is entered

10 Pointer - inactive

Set - activates Set mode for CRG Display
see Setting Parameters

15 Up Arrow - increments Time Scale in normal
display mode and purges pending keystrokes,
increments parameter in Set mode

20 Down Arrow - decrements Time Scale in normal
display mode and purges pending keystrokes,
decrements parameter in Set mode

25

-32-

Key Functions, Pneumobar™ Display 1

- Silence - inactive
- 5 Print - will cause demand print of current display if printer present
- 10 Trend - If no SATURATION option, CRG Display is entered. Else Pneumoxybar™ display entered
- 15 Pointer - Pneumobar Display 2 (or Pointer Mode 1) is entered
- 20 Set - inactive
- 25 Up Arrow - switches the time scale and display to the next 3 hours, with an upper limit of 9 to 12 hours, and purges pending keystrokes
- Down Arrow - switches the time scale and display to the previous 3 hours, with low limit of 0 to 3 hours

-33-

Key Functions, Pneumobar™ Display Pointer Mode 1

Silence - inactive

5 Print - will cause demand print of current
display if printer present

10 Trend - CRG Display is entered, screen
timeout is cleared or if saturation option
present, Pneumoxybar™ screen is entered

15 Pointer - Pneumobar™ Display 3 (or Pointer
Mode 2) is entered, screen timeout is
initialized

Set - inactive

20 Up Arrow - moves cursor left one location,
with wraparound, resets screen timeout

Down Arrow - moves cursor right one
location, with wraparound, resets screen
timeout

25

-34-

Key Functions, Pneumobar™ Display Pointer Mode 2

Silence - inactive

5 Print - will cause demand print of current
display if printer present

10 Trend - CRG Display is entered, screen
timeout is cleared or if saturation option
present, Pneumoxybar™ screen is entered

Pointer - Pneumobar™ Display Mode 1 is
entered, screen timeout is initialized

15 Set - inactive

Up Arrow - moves cursor up one location,
with wraparound, resets screen timeout

20 Down Arrow - moves cursor down one location,
with wraparound, resets screen timeout

25

AIR-250

-35-

Key Functions, Pneumoxybar™ Display

Silence - inactive

5

Print - will cause demand print of current display if printer present

Trend - CRG display entered

10

Pointer - inactive

Set - inactive

15

Up Arrow - switches the time scale and display to the next 3 hours, with an upper limit of 9 to 12 hours, and purges pending keystrokes

20

Down Arrow - switches the time scale and display to the previous 3 hours, with low limit of 0 to 3 hours, and purges pending keystrokes

25

-36-

Key Functions, Service Mode

- Silence - Active during key test only
- 5 Print - Active during key test only
- Trend - Active during key test only
- Pointer - Active during key test only
- 10 Set - Active during key test only
- Up Arrow - Active during key test only
- 15 Down Arrow - Active during key test only

Key Functions, Demo Mode

- 20 All keys function as if in other screen
modes, Demo Mode message displayed

25 The buttons process normally remains in a
sleep-conditionally trap instruction and periodically
activates to check for interrupts. When an interrupt
is received, the buttons process is activated to re-
ceive a button actuation. After receiving the identity
of the button or buttons actuated, but before inter-
preting the action to be taken, buttons executes a

-37-

5 message waiting trap instruction and if a message is waiting, executes a message received instruction to receive the PURGE_KEYS message. The PURGE_KEYS message causes the buttons process to purge the ring buffer associate with the process.

10 Interpretation of key actuations is performed by determining the current displayed screen and mode of the system of the present invention and issuing messages, as appropriate to those modes and screens to other processes which are suspended in a message received trap instruction. It will be appreciated that multiple keys may be actuated simultaneously and that such multiple key actuations constitute additional modalities of control (such as entry to the service and demo modes) available to the buttons process.

20 Referring now to FIG. 13, there is shown a bubble chart diagram of the message interrelationships for the display process module. The display process is responsible for managing the visual display screen and plotting all information except the real time ECG plot on the display screen. The message format received by the display process includes bits which are indicative of items to be displayed. These items include:

heart rate high limit

heart rate low limit

-38-

bradycardia threshold

5 saturation rate high limit

saturation rate low limit

respiration rate high limit

10 respiration rate low limit

apnea

CRG mode

15 print alarm mode

left message center

20 center message center

right message center

heart rate value

25 respiration rate value

saturation value

-39-

extra message center

bradycardia pointer

5 apnea alarm memory

10 Because the display process controls the CRT controller hardware, it is also used during formatting of printouts in order to buffer partial screens and rotate them so that the aspect ratio of the screen may be accurately reproduced on the printer device.

15 The display process is subdivided into four principal modules. The display process relies upon a main display module for displaying and updating the main or CRG display of the system and a trend display module which manages display of all three trend displays (Pneumobar™, Pnemobar™ Pointer, and Pneumoxybar™). These modules, in turn, rely upon
20 several lower level modules including PLOTS, GRAPHICS and FONT.

25 Referring now to FIG. 14, there is shown a bubble diagram of the print process of the present invention. Similar to the display process, print is highly interconnected by message flow with many other processes of the system. Print receives messages regarding the real time CRG print mode from the set process, regarding the periodic printing of information

-40-

in normal operation from the process data process,
emergency print requests from the power process (in
order to preserve information before all power is
lost). Print sends status messages to the alarms pro-
cess which also may request that a printout be gener-
ated when an alarm is recognized. Print functions by
requesting that the display, error and trend processes
update appropriate screens in buffers controlled by the
CRT controller hardware and then transfer those screens
by way of the serial process to an external printer.

The print process receives all requests for
printing regardless of their origin and notifies the
display process to copy a particular screen into a
reserved undisplayed screen buffer. The print process
then enables the serial process which retrieves lines
from that buffer, formats them appropriately and sends
them serially to the external printer.

The print process also monitors the current
status of the printer and generates exceptions which
are handled by the error process. Printer status is
also transmitted to the user by the sending of
messages to the display process for placement on the
active screen.

Referring now to FIGS. 15 and 16, there are
shown bubble diagrams for the serial process module
and for the low-level printer driver which is a sub-

-41-

routine used by serial. As described above, the serial module is responsible for communication between a screen buffer controlled by display and the external printer. It is primarily controlled by messages received from the print process although process data may also transmit the current time for inclusion in a printout. Serial communicates with print by sending printer status messages, with display in order to control the buffer status, with time in order to update Battery Backed-up Random Access Memory locations, and with error for notification of inoperative conditions. The low-level routines depicted in FIG. 15 are device specific and may be altered as appropriate to control various output devices.

Referring now to FIG. 17, there is shown a bubble diagram of the trend process. This process has responsibility for mode changes between the main or CRG display and the trend mode displays. The trend process receives messages from the user actuation of the trend, arrow, or pointer keys as well as messages indicating the occurrence of an alarm or the demand for a normal periodic printout. It communicates messages to the buttons process in order to purge the keystroke buffer, to the display process in order to properly redraw and update screen histograms, and to the error process.

The trend module responds to key actuations of the trend key and pointer key to place the monitor

-42-

system into Trend 1, Trend 2, or Trend 3 display modes. It similarly responds to indications that new alarms have occurred by switching the display back to the main or CRG display mode upon which alarms are indicated as flashing numerals. Whenever the mode is switched, trend also issues a PURGE_KEYS instruction in order to insure that additional commands are not misinterpreted after the switch.

Referring now to FIG. 18, there is shown a bubble diagram of the message communication relationships of the PROCESS-DATA process. Process data receives messages from the display process and from the Sales-Demo process which indicate that it should be in processing, that is begin execution of its main routines. It also receives an interrupt from the front end board signifying that data is available. Process data carries the main responsibility for gathering patient data from the front end preprocessor, computing derived values, storing patient data in memory, and transmitting messages which cause screen and printer updates to be displayed. Process data therefore communicates with display, print, alarms, serial and error.

On system initialization, process data is placed in a message received trap and remains there until it receives a start processing message. When that message is received, process data immediately falls into an interrupt receive trap. Each interrupt

-43-

is evaluated and buffered until the last interrupt in a sequence (DATA_FLAGS) is received. When DATA_FLAGS is detected, PROCESS_DATA evaluates those flags.

5 Because each data type is generated periodically by the front end processor, and the last data type in a sequence is the DATA_FLAGS, PROCESS_DATA operates synchronously with the front end processor. Data items transmitted from the front end processor include respiration amplitude, electrocargiogram amplitude, 10 breath detection, QRS detection, lead impedance, and any inoperative conditions sensed by the front end circuitry. In addition, saturation data may be transmitted.

15 Process data first calculates rates for breath and heart and includes a procedure for supplying missing data if no detection for a parameter occurs within a prescribed time period. Breath and heart rates are smoothed and these smooth numbers are 20 used to determine alarm limit violations. Changes in alarm conditions cause a message to be sent to the alarms process. In addition, auto-scaling subroutines for both respiration and ECG adjust the displayed scale over three selectable ranges in order to conform 25 to the received data.

Another important function of PROCESS_DATA is display updating. Various timers (for instance 2 seconds, 5 seconds, 5 minutes, etc.) determine the fre-

-44-

quency with which particular display items are redrawn or updated. In the preferred embodiment of the present invention, the impedance or Z bar is updated every five seconds, the smoothed rate and oxyhemoglobin saturation are updated every two seconds, and the trend displays are updated every five minutes. The perfusion or P bar is also updated every five seconds. Finally, computed information is stored in memory arrays which are accessed by the display and print processes, particularly those processes associated with trend displays.

Referring now to FIG. 19, there is shown a bubble chart diagram of the message interrelationships for the alarms module. The alarms module is an intermediary module which coordinates audible and visual alarm indications which are requested by PROCESS-DATA with the specifications for alarm actuation as reflected in the operator's manual. Alarms receives requests for alarm actuation from PROCESS_DATA and from ERROR and requests for alarm inhibition from print and buttons. The display process initiates alarm processing with a start process message. Alarms communicates with six separate processes. The primary method for indication of an alarm condition is by communication to display, which causes a violated alarm limit to begin flashing on the video screen. A secondary communication of the alarm is an audible indication which is sent to a small process, audio which controls speaker output tones. Alarms also

-45-

communicates changes in alarm state to the trend module to cause it to reverse the display to the main display; to the time module, to cause Battery Backed-up RAM to be loaded; to the print module in order to
5 print the current state of the monitor system when an alarm occurs; and finally to error when a software error within the alarms module is detected.

On system initialization, alarms is placed in
10 a message received trap and remains there until it receives the start processing message. At start processing, alarms first reads the actual time and stores it in a variable and then enters the sleep-conditionally trap for a short period. This is to permit the entire
15 system to reach an equilibrium without the necessity for constantly answering alarm indications. After the sleep-conditionally trap is exited, alarms circular buffer is cleared. When alarms is activated by the kernel, it first ascertains the current time and then
20 adjusts its internal timers to account for the time during which it was suspended. It then checks for a message waiting and determines whether it should return to a conditional sleep state. If its sleep duration is exceeded, alarms next tests for alarm conditions, including paper-out conditions in the printer, latched
25 soft alarms, as defined in the operator's manual, inoperative conditions, system exceptions or latched software errors, or an inoperative oximeter detector. If any of these conditions is present, a soft alarm is

-46-

determined to be active. Alarms then tests whether a hard alarm, as defined in the Operator's manual, is present, and if so, a flash timer is enabled.

5 Alarms next determines the status of its
audio system. It first examines a register to deter-
mine whether any silences have been imposed upon it by
actuation of the silence key. If there are none, all
alarm audio is enabled. If the power up inhibit indi-
10 cator is set, all alarms are inhibited until it is
cleared. Three other types of silences are examined,
including inoperative, two minute, and procedure or
extended silence. In inoperative silence mode, soft
alarms only are enabled. In two minute silence mode,
15 neither hard alarms nor soft alarms are enabled, and in
procedure silence, only soft alarms are enabled. After
determination of silences, and of alarming condition, a
test is made for a change in audio status. If audio
status requires adjustment, a message to that effect is
20 sent to the audio process. A similar procedure is
followed for determination of visual alarms, output
changes and finally a determination of the next sleep
interval is made in order to optimize the frequency
with which alarms must be reactivated by the kernel.
25 Because alarms is a time sensitive function, it also
maintains various counters.

Referring now to FIG. 20, there is shown a
bubble chart diagram of the POWER process. The power

-47-

process simply receives power supply interrupts. POWER assesses a power supply fault or low battery condition, and upon verification, POWER instigates a full printout sequence in order to preserve historical data in memory. In addition, upon detection of the power fail indication, POWER conducts an orderly shutdown by notifying the watch-dog routine, disabling interrupt, and entering a loop until a non-maskable interrupt occurs so that the entire system may crash without the write line being in a low logic state.

Referring now to FIG. 21, there is shown a bubble diagram for the sales process. A unique feature of the system of the present invention is the ability to simulate actual operating conditions for purposes of demonstration or training. Upon the actuation of a special key sequence at start-up time, the sales process places the entire system in a special sales mode. Sales then issues a start processing message to PROCESS_DATA, messages to DISPLAY_SCREENs to the display process, and may issue messages to ERROR, if appropriate. Sales uses a predesigned array of trend data which is stored in read-only memory, and is relocated to active patient arrays at entry to the sales mode. In addition, the sales process simulates ECG waveform and respiratory effort waveforms which include apnea and bradycardia events. Simulation is done according to an algorithm which allows a finite pattern to recur in a predefined time period.

-48-

5 The sales process also includes safety
features which monitor the actual connection of the
system to a patient cable assembly. In the event that
a patient cable is connected to the monitor system,
sales will abort and reinitialize the monitor system.
Exit from both the sales process and the service
process is only possible by shutting down the monitor
system, or by internal detection of a major system
10 fault. (It should be noted that several of the Figures
reflecting actual screen prints incorporated in both
the Operator's manual and as Figures in the present
application, are derived from the sales modules mode,
and are marked as such).

15 It will be appreciated by those skilled in
the art that the foregoing description should be taken
in concert with microfiche Appendix 1 as constituting a
full and complete description of an embodiment of the
20 system of the present invention.

Statement of Industrial Utility

25 The system and method of the present
invention is useful in monitoring and assessing the
medical condition of newborn infants for the
occurrence of apnea and apnea coupled with brady-
cardia.

-49-

What is claimed:

- 5 1. A method for displaying current and historical information related to apnea events in a human infant comprising the steps of:
- 10 a) producing signals indicative of cardiac activity, respiratory effort, and relative saturation of oxyhemoglobin;
- 15 b) transmitting said produced signals to a computer;
- c) receiving said signals into said computer; and
- 20 d) calculating, storing, and simultaneously displaying to a user on a single visual display:
- 1) an electrocardiogram waveform;
- 2) smoothed instantaneous heart rate;
- 25 3) smoothed instantaneous oxyhemoglobin saturation;
- 4) respiratory effort;
- 5) transthoracic impedance;

-50-

- 6) smoothed instantaneous respiration rate;
 - 5 7) a graph of smoothed instantaneous heart rate over a predetermined duration;
 - 10 8) a graph of smoothed instantaneous oxyhemoglobin saturation over a predetermined duration; and
 - 15 9) a graph of respiratory effort over a predetermined duration.
2. The method of Claim 1 wherein said graphs of smoothed instantaneous heart rate, smoothed instantaneous oxyhemoglobin saturation, and respiratory effort are presented on a common axis representative of a predetermined time interval.
- 20 3. The method of Claim 2 wherein said time interval is one minute.
- 25 4. The method of Claim 2 wherein said time interval is two minutes.
5. The method of Claim 2 wherein said time interval is four minutes.

-52-

5 effort ceases for a period longer than said apnea duration alarm limit value, or if said heart and respiration rates are within a predetermined tolerance of each other, then sounding an audible alarm indicator and/or illuminating a visible alarm indicator.

10 7. The method of Claim 1 wherein apnea-coupled bradycardia is indicated when said smoothed instantaneous heart rate falls below a value less than 80% of a rate calculated by averaging a predetermined number of immediately preceding rate values, and apnea has been detected.

15 8. The method of Claim 1 wherein apnea-coupled bradycardia is indicated when said smoothed instantaneous heart rate falls below a value less than ~~80%~~ of a user-defined value, and apnea has been detected.

20 9. A method for displaying historical information related to apnea events in a human infant comprising the steps of:

25 a) producing signals indicative of cardiac activity, and respiratory effort;

b) transmitting said produced signals to a computer;

-51-

6. The method of Claim 1 further comprising the steps of:

5 a) accepting from a user, values for one or more alarm limits comprising:

- 1) high heart rate;
- 10 2) low heart rate;
- 3) high oxyhemoglobin saturation;
- 4) low oxyhemoglobin saturation;
- 15 5) high respiration rate;
- 6) low respiration rate;
- 20 7) apnea duration;

b) comparing said calculated heart rate, oxyhemoglobin saturation, respiration rate, and respiratory effort to said alarm limit values, comparing
25 said heart rate to said respiration rate; and

c) if any calculated value exceeds its respective high alarm limit value or is below its respective low alarm limit value, or if respiratory

-53-

c) receiving said signals into said computer;

5 d) calculating smoothed instantaneous heart rate, respiratory effort, transthoracic impedance, and smoothed instantaneous respiration rate;

10 e) detecting apnea and bradycardia events, storing data indicative of said events, and simultaneously displaying to a user on a single visual display:

15 1) a first histogram showing the absolute number of apnea events for each of a predetermined number of time intervals over a predetermined period;

20 2) a numeric indication of the absolute number of apnea events during said predetermined period; and

25 3) a second histogram showing the absolute number of apnea events of each of a predetermined number of durations during said predetermined period.

10. The method of Claim 9 wherein said histograms further indicate visually the number of said

-54-

apnea events which coincide in time with bradycardia events.

5 11. A method for displaying historical information related to apnea events in a human infant comprising the steps of:

10 a) producing signals indicative of cardiac activity, and respiratory effort;

 b) transmitting said produced signals to a computer;

15 c) receiving said signals into said computer;

 d) calculating smoothed instantaneous heart rate, respiratory effort, transthoracic impedance, and smoothed instantaneous respiration rate;

20 e) selecting a time interval of interest to a user;

25 f) detecting apnea and bradycardia events, storing data indicative of said events, and simultaneously displaying to a user on a single visual display:

1) a first histogram showing the

-55-

absolute number of apnea events of said predetermined duration for each of a predetermined number of time intervals over a predetermined period;

5

2) a numeric indication of the absolute number of apnea events of said predetermined duration during said predetermined time interval; and

10

3) a second histogram showing the absolute number of apnea events of each of a predetermined number of durations during said predetermined time interval.

15

12. A method for displaying historical information related to apnea events in a human infant comprising the steps of:

20

a) producing signals indicative of cardiac activity, and respiratory effort;

b) transmitting said produced signals to a computer;

25

c) receiving said signals into said computer;

d) calculating smoothed instantaneous heart

-56-

rate, respiratory effort, transthoracic impedance, and smoothed instantaneous respiration rate;

5 e) selecting an apnea duration of interest to a user

10 f) detecting apnea and bradycardia events, storing data indicative of said events, and simultaneously displaying to a user on a single visual display:

15 1) a first histogram showing the absolute number of apnea events of said predetermined duration for each of a predetermined number of time intervals over a predetermined period;

20 2) a numeric indication of the absolute number of apnea events of said predetermined duration during said predetermined time interval; and

25 3) a second histogram showing the absolute number of apnea events of each of a predetermined number of durations during said predetermined time interval.

13. The method of Claim 11 wherein said histograms further indicate visually the number of said

-57-

apnea events which coincide in time with bradycardia events.

5 14. The method of Claim 11 wherein apnea-coupled bradycardia is indicated when said smoothed instantaneous heart rate falls below a value less than 80% of a rate calculated by averaging a predetermined number of immediately preceding rate values, and apnea has been detected.

10 15. The method of Claim 11 wherein apnea-coupled bradycardia is indicated when said smoothed instantaneous heart rate falls below a value less than a user-defined value, and apnea has been detected.

15 16. A method for displaying historical information related to apnea events in a human infant comprising the steps of:

20 a) producing signals indicative of cardiac activity, and transthoracic impedance;

 b) transmitting said produced signals to a computer;

25 c) receiving said signals into said computer;

 d) calculating smoothed instantaneous heart

-58-

rate, smoothed instantaneous oxyhemoglobin saturation,
average oxyhemoglobin saturation over a predetermined
time interval, minimum and maximum oxyhemoglobin
saturation over said predetermined time interval,
5 respiratory effort, transthoracic impedance, and
smoothed instantaneous respiration rate;

e) detecting apnea and bradycardia events,
storing data indicative of said events, and simul-
10 taneously displaying to a user on a single visual
display:

1) a first histogram showing the
absolute number of apnea events for
each of a predetermined number of said
15 time intervals over a predetermined
period;

2) a numeric indication of the
absolute number of apnea events during
20 said predetermined period; and

3) a second histogram showing the
maximum, minimum and average oxyhemo-
globin saturation for each of a
predetermined number of durations
25 during said predetermined period.

-59-

17. The method of Claim 16 wherein said first histogram further indicates visually the number of said apnea events which coincide in time with bradycardia events.

5

18. A system for displaying current and historical information related to apnea events in a human infant comprising:

10

a) means for producing signals indicative of cardiac activity, respiratory effort, and relative saturation of oxyhemoglobin;

15

b) means for transmitting said produced signals to a computer;

c) means for receiving said signals into said computer; and

20

d) means for calculating, storing, and simultaneously displaying to a user on a single visual display means:

25

1) an electrocardiogram waveform;

2) smoothed instantaneous heart rate;

3) smoothed instantaneous oxyhemoglobin saturation;

-60-

- 5
- 4) respiratory effort;
- 5) transthoracic impedance;
- 6) smoothed instantaneous respiration rate;
- 10
- 7) a graph of smoothed instantaneous heart rate over a predetermined duration;
- 15
- 8) a graph of smoothed instantaneous oxyhemoglobin saturation over a predetermined duration; and
- 9) a graph of respiratory effort over a predetermined duration.
- 20
19. The system of Claim 18 further comprising:
- a) means for accepting from a user, values for one or more alarm limits comprising:
- 25
- 1) high heart rate;
- 2) low heart rate;

-61-

- 3) high oxyhemoglobin saturation;
- 4) low oxyhemoglobin saturation;
- 5 5) high respiration rate;
- 6) low respiration rate;
- 7) apnea duration;
- 10 b) means for comparing said calculated heart rate, oxyhemoglobin saturation, respiration rate, and respiratory effort to said alarm limit values; and
- 15 c) audible alarm means and/or visible alarm means responsive to said comparing means.
- 20 20. The method of claim 1 wherein a periodic increase in said signal indicative of respiratory effort is classified as a breath if it occurs within \pm 20% of a time interval determined by averaging the inter-breath period of a predetermined number of preceding breaths.

25

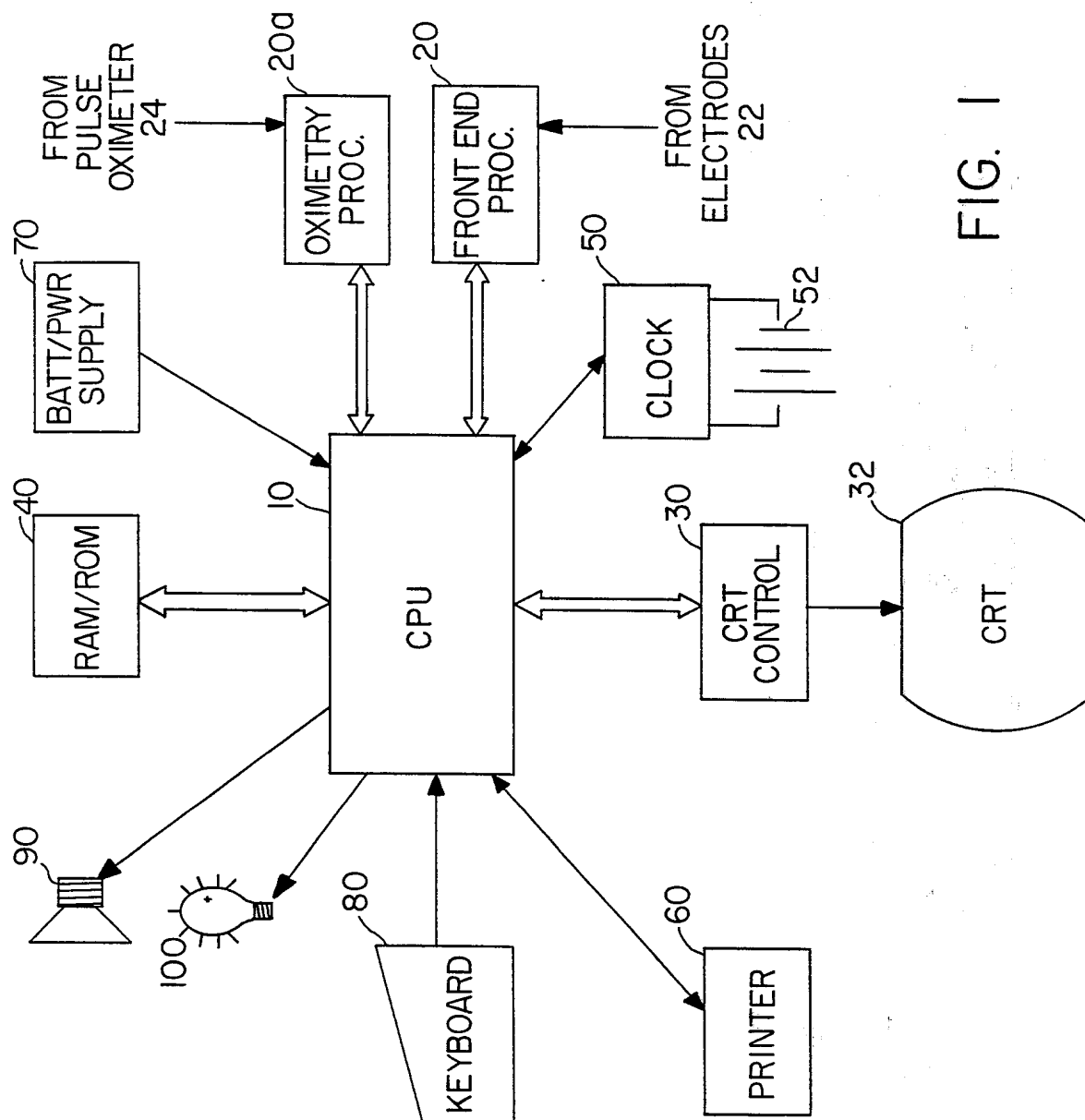
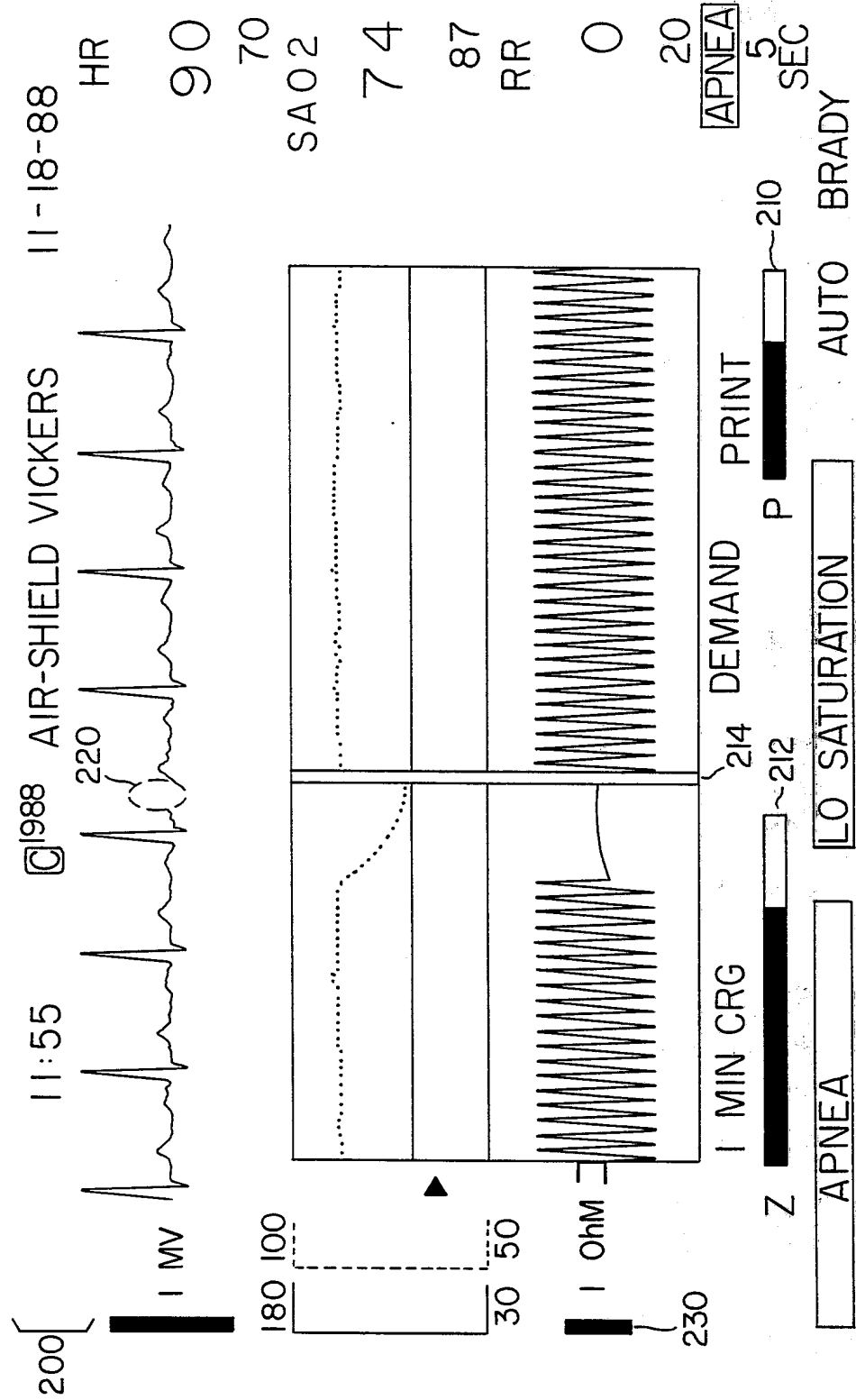


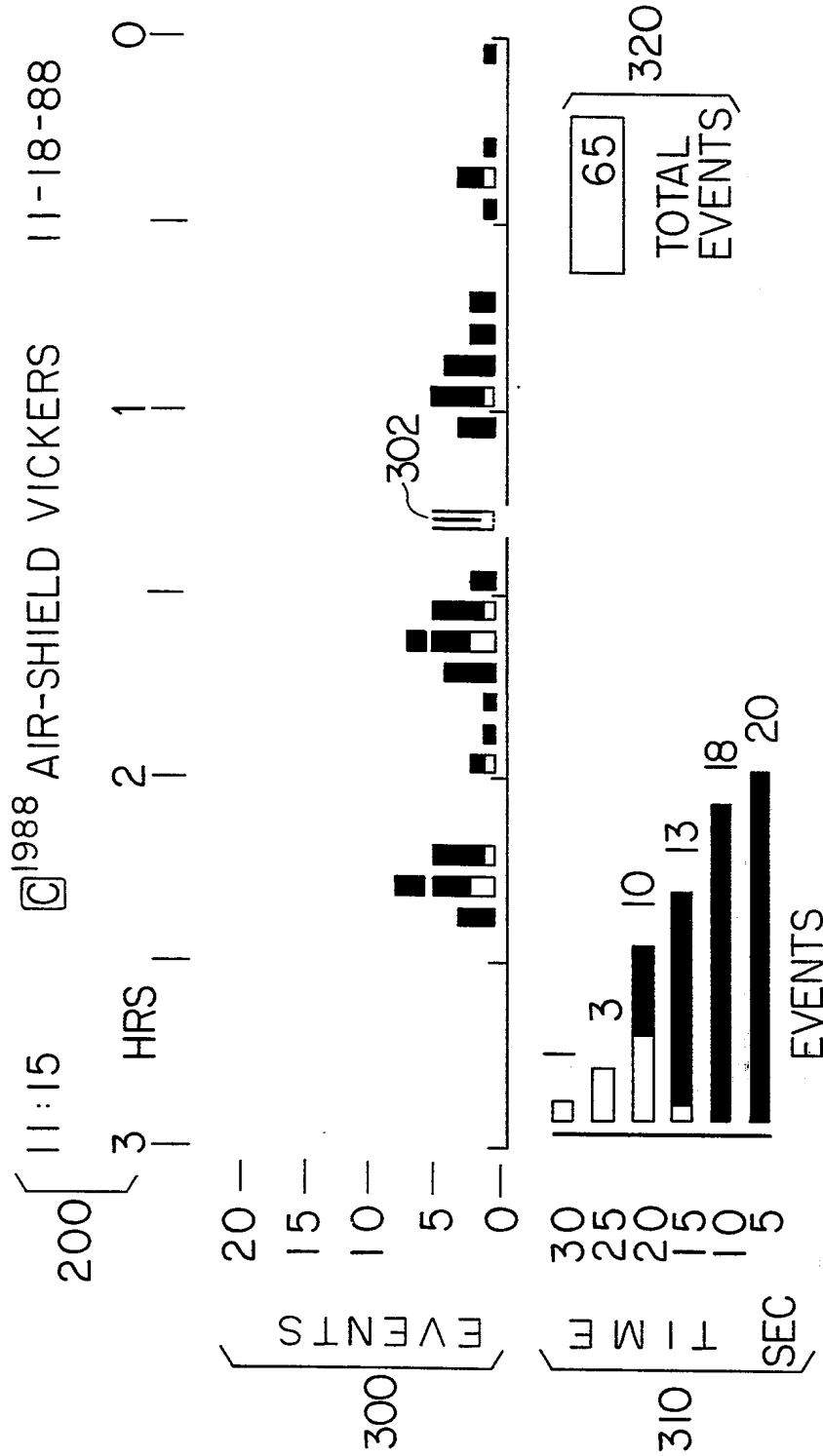
FIG. 1

2/20

FIG. 2



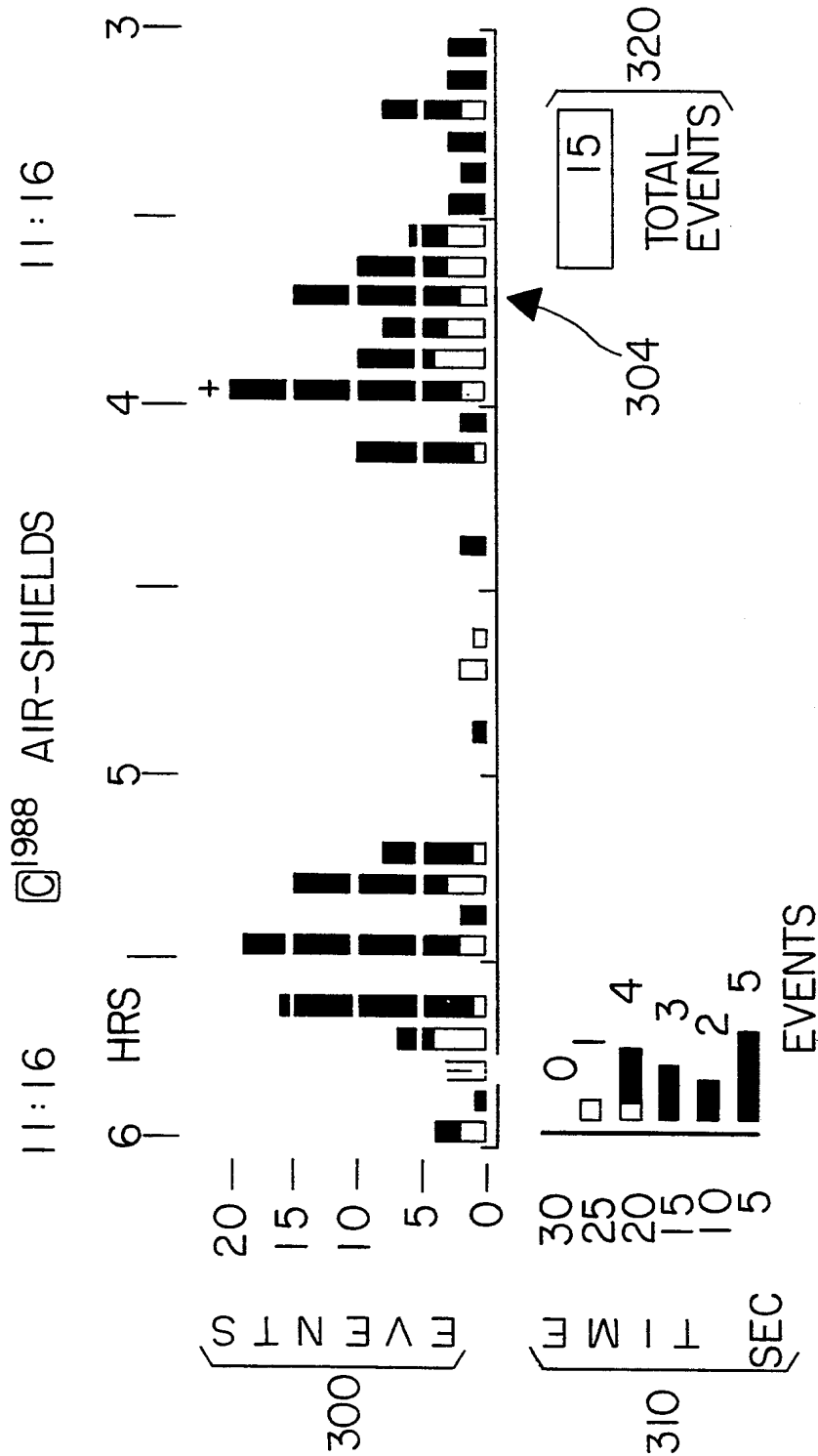
3/20



PNEUMOBAR™

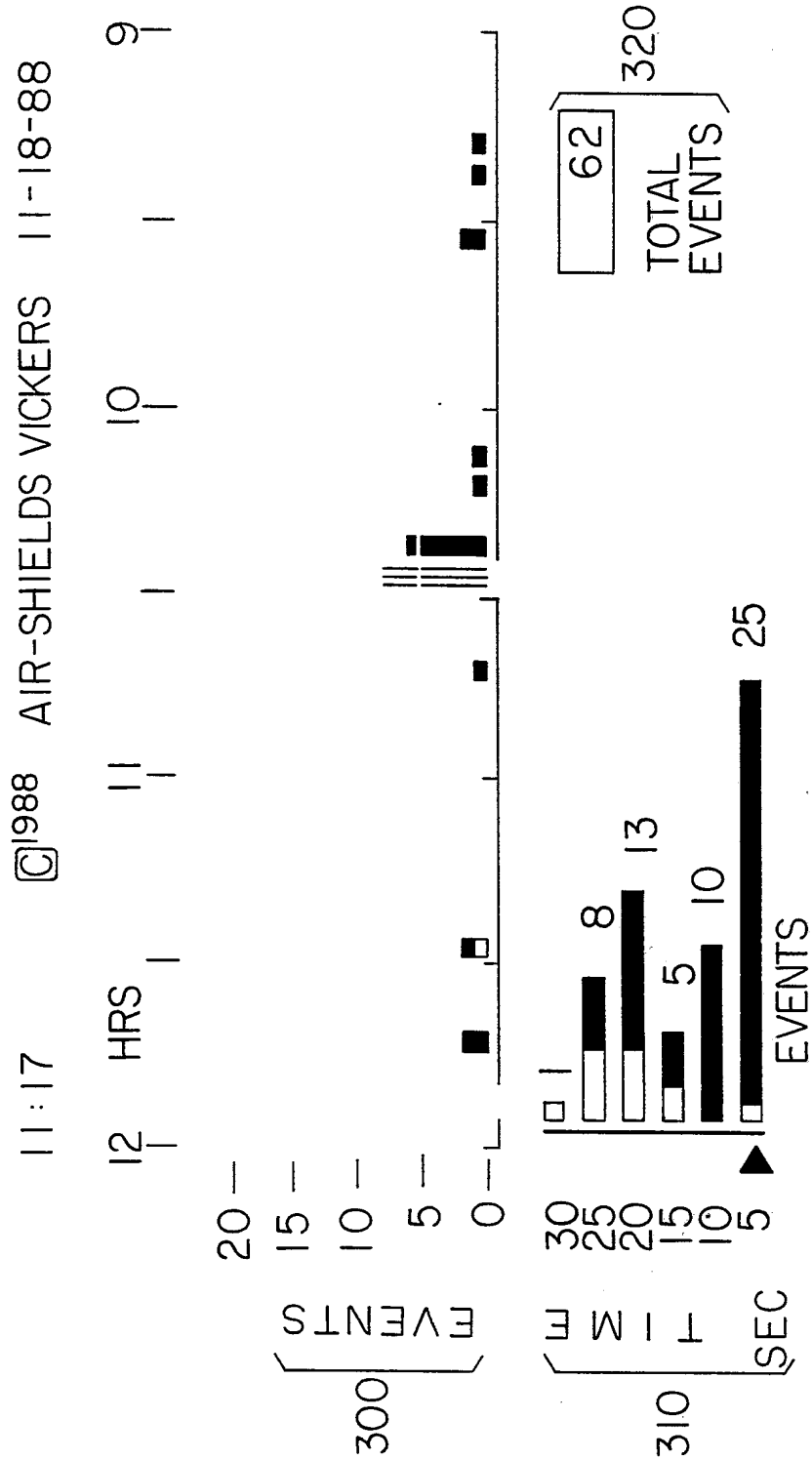
FIG. 3

4/20



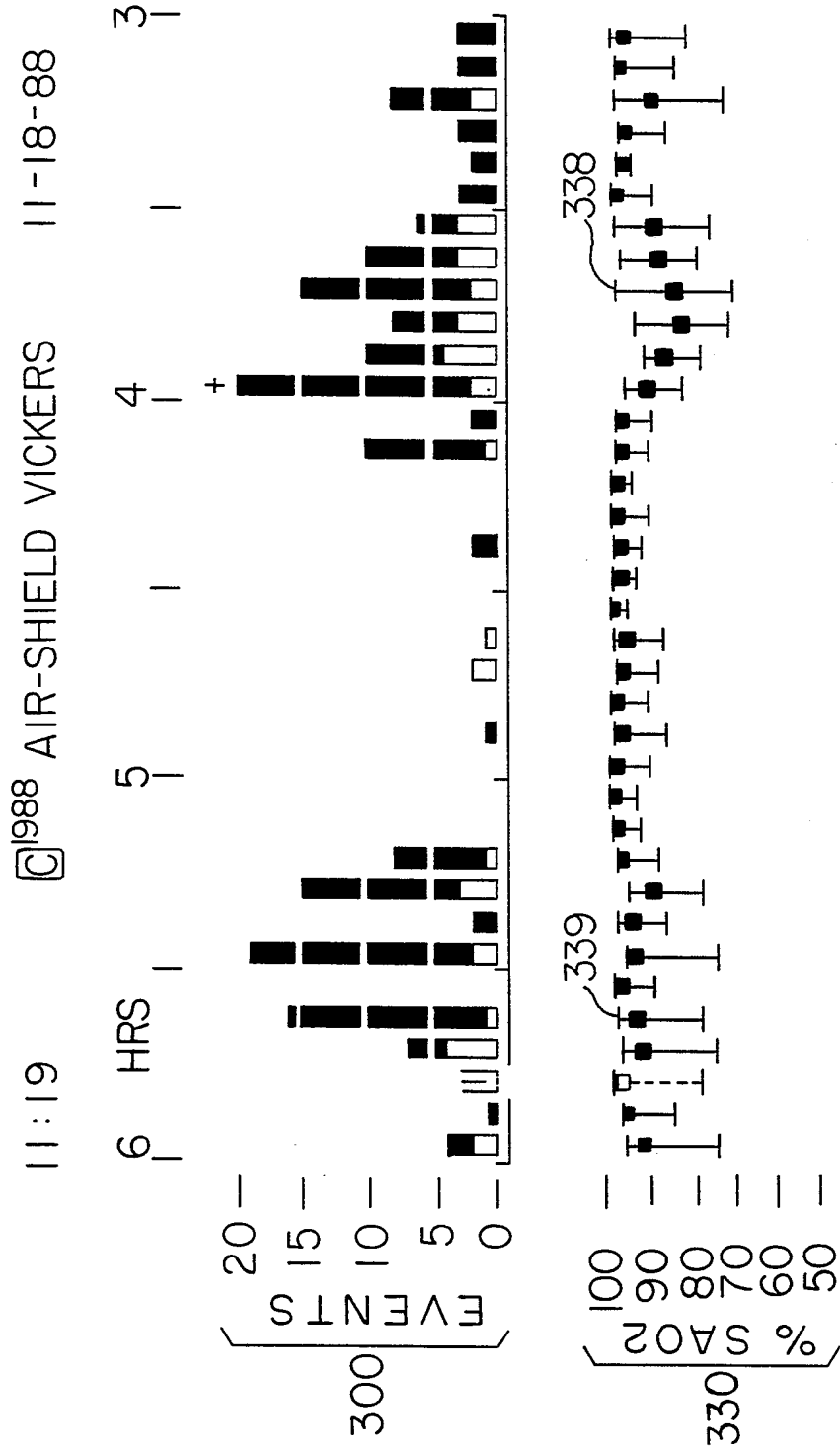
PNEUMOBAR™ FIG. 4

5/20



PNEUMOBAR™ FIG. 5

6/20



PNEUMOXYPARTM FIG. 6

7/20

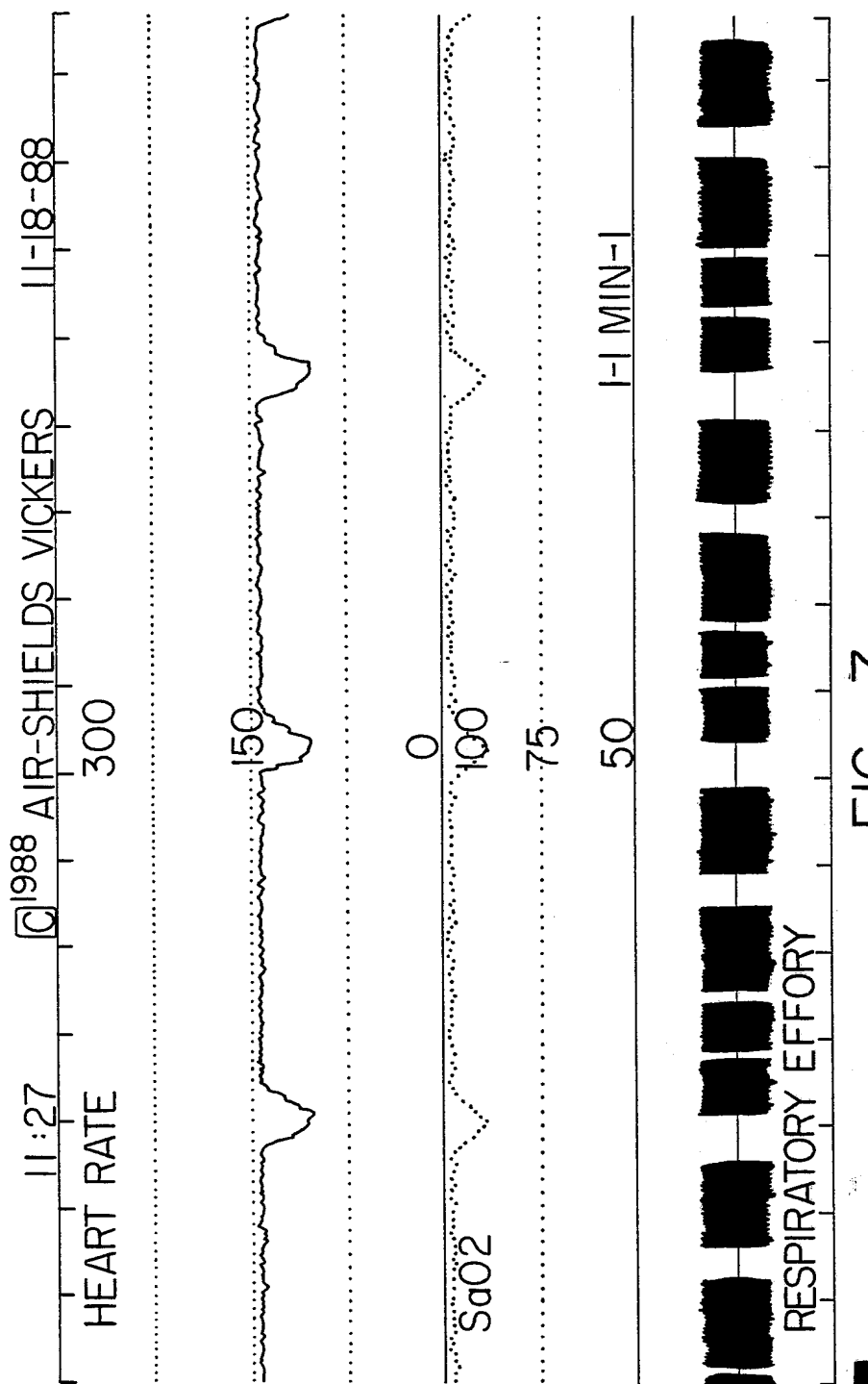


FIG. 7

8/20

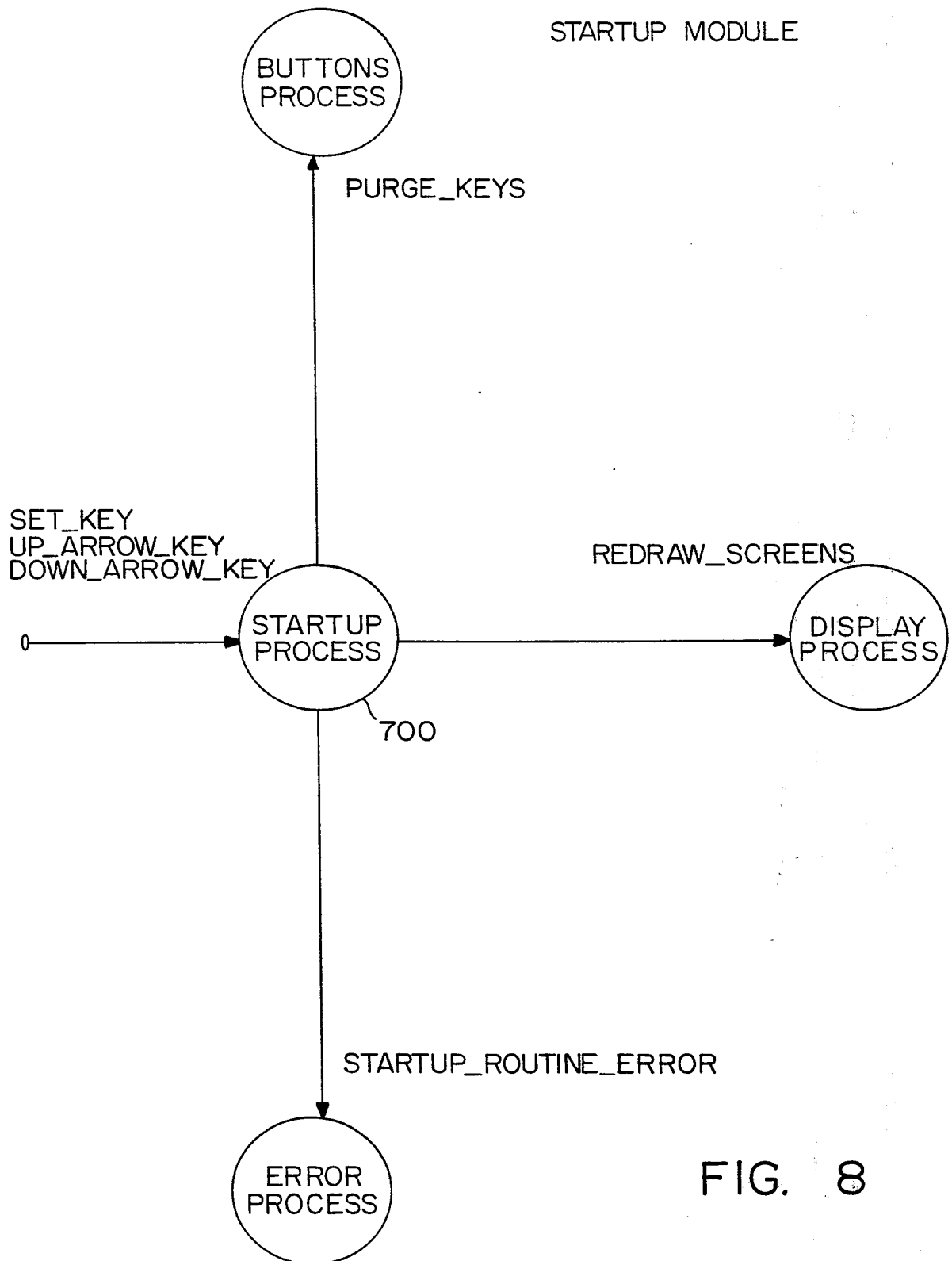
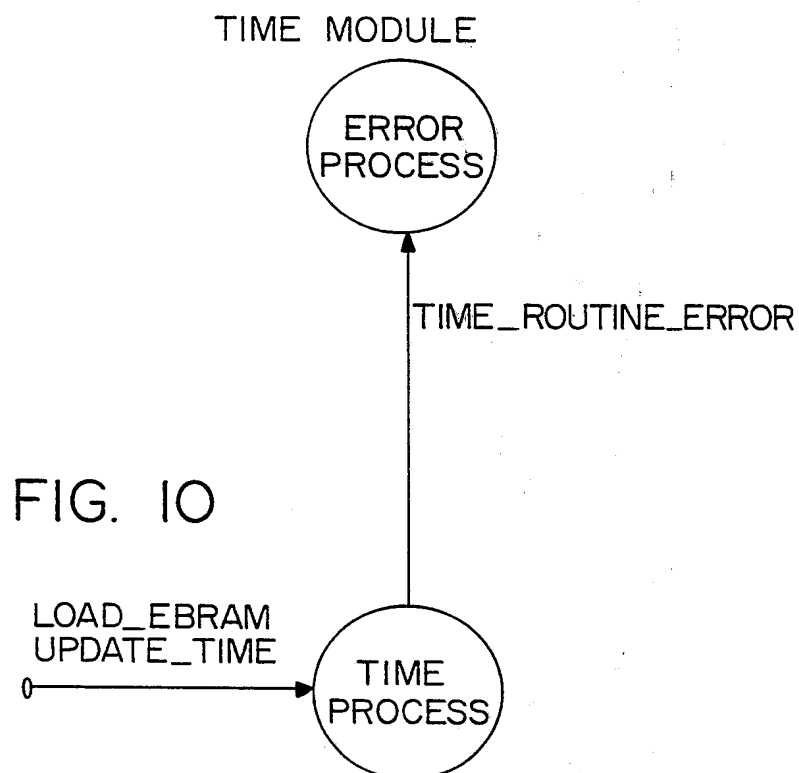
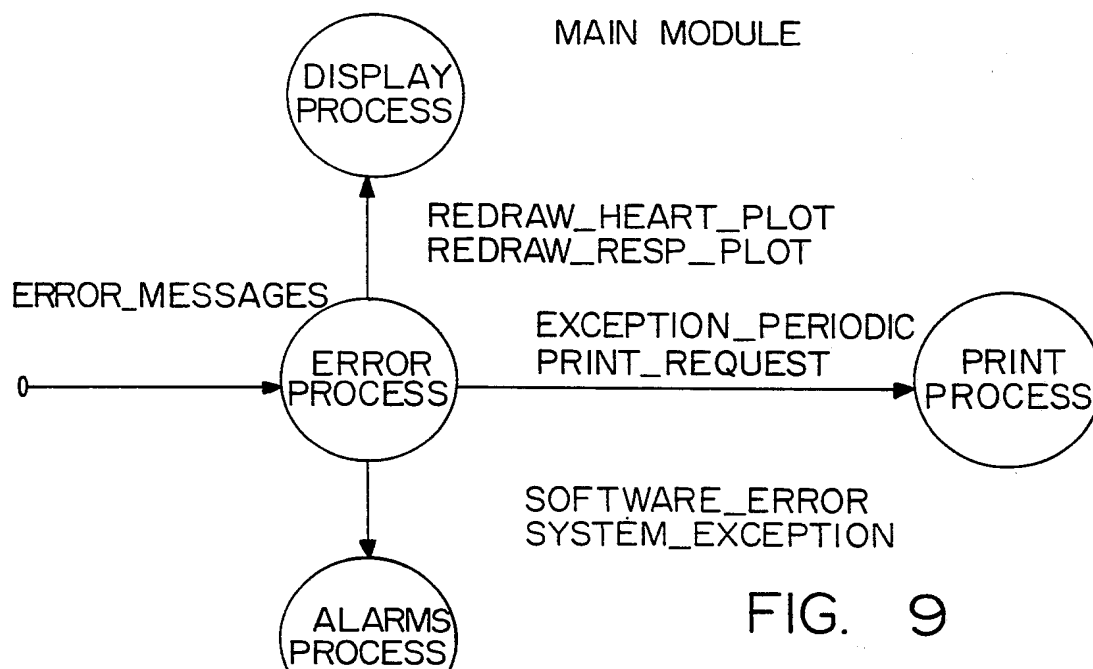


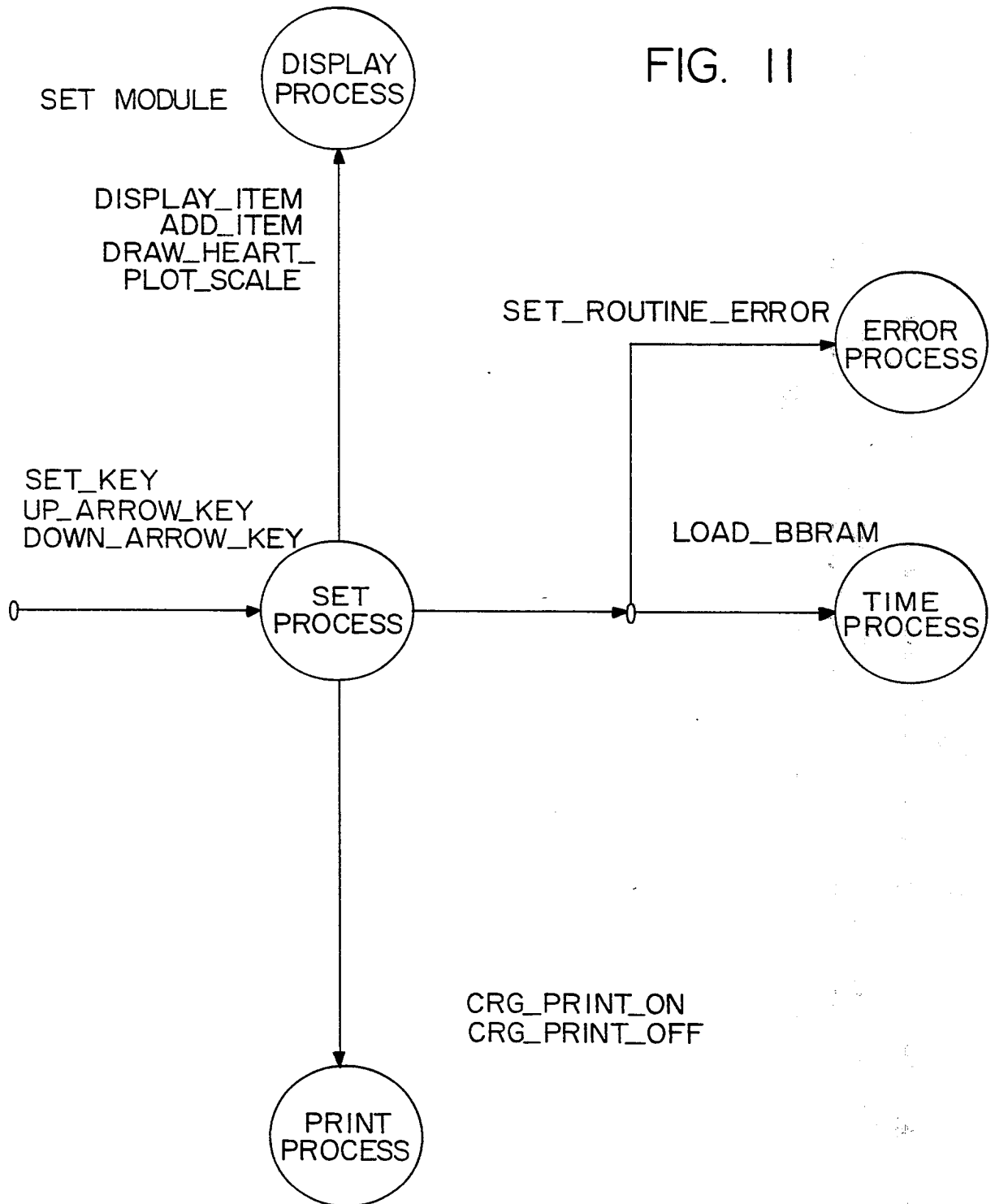
FIG. 8

9/20

**SUBSTITUTE SHEET**

10/20

FIG. 11



11/20

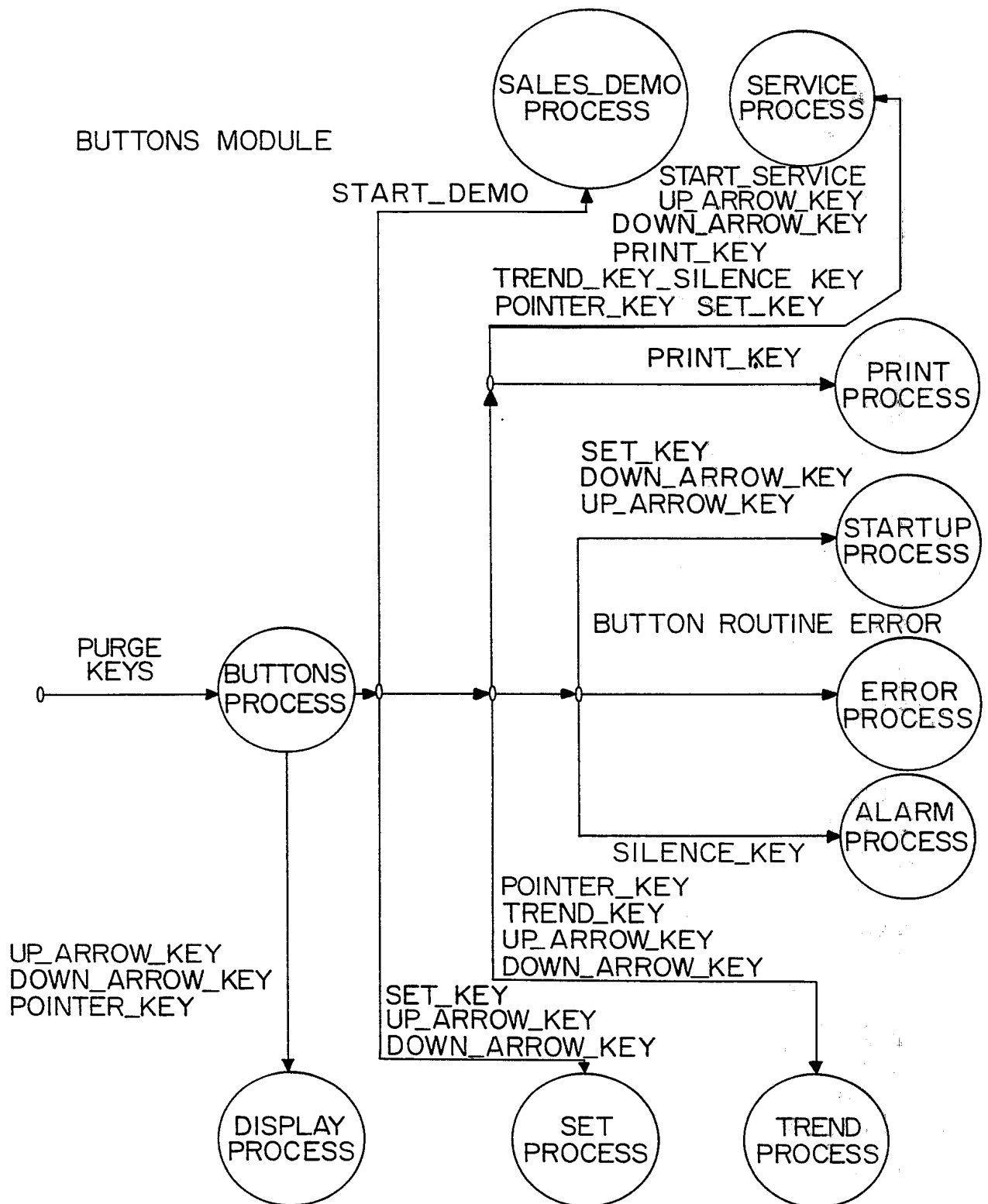


FIG. 12

12/20

DISPLAY MODULE

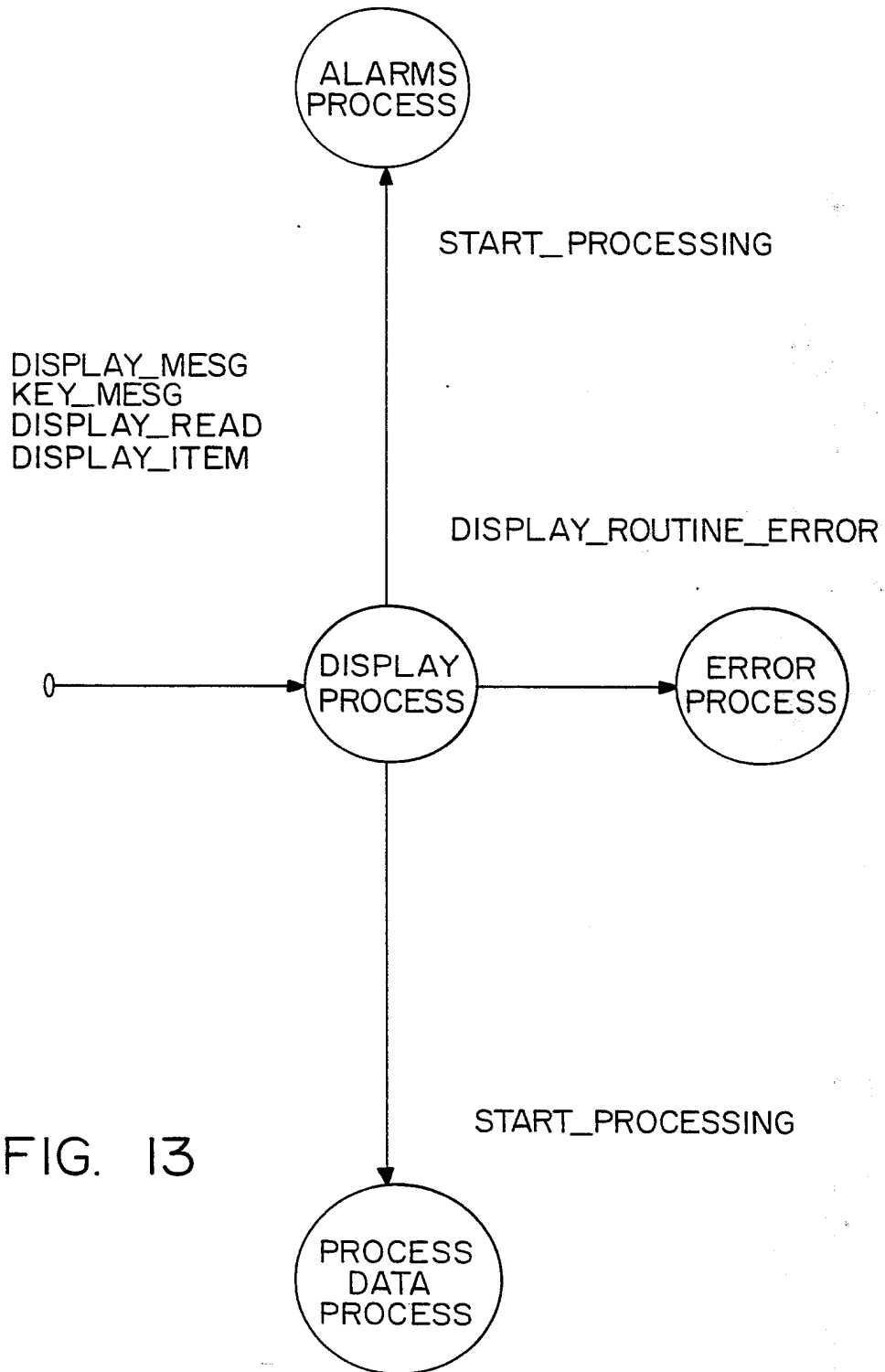


FIG. 13

13/20

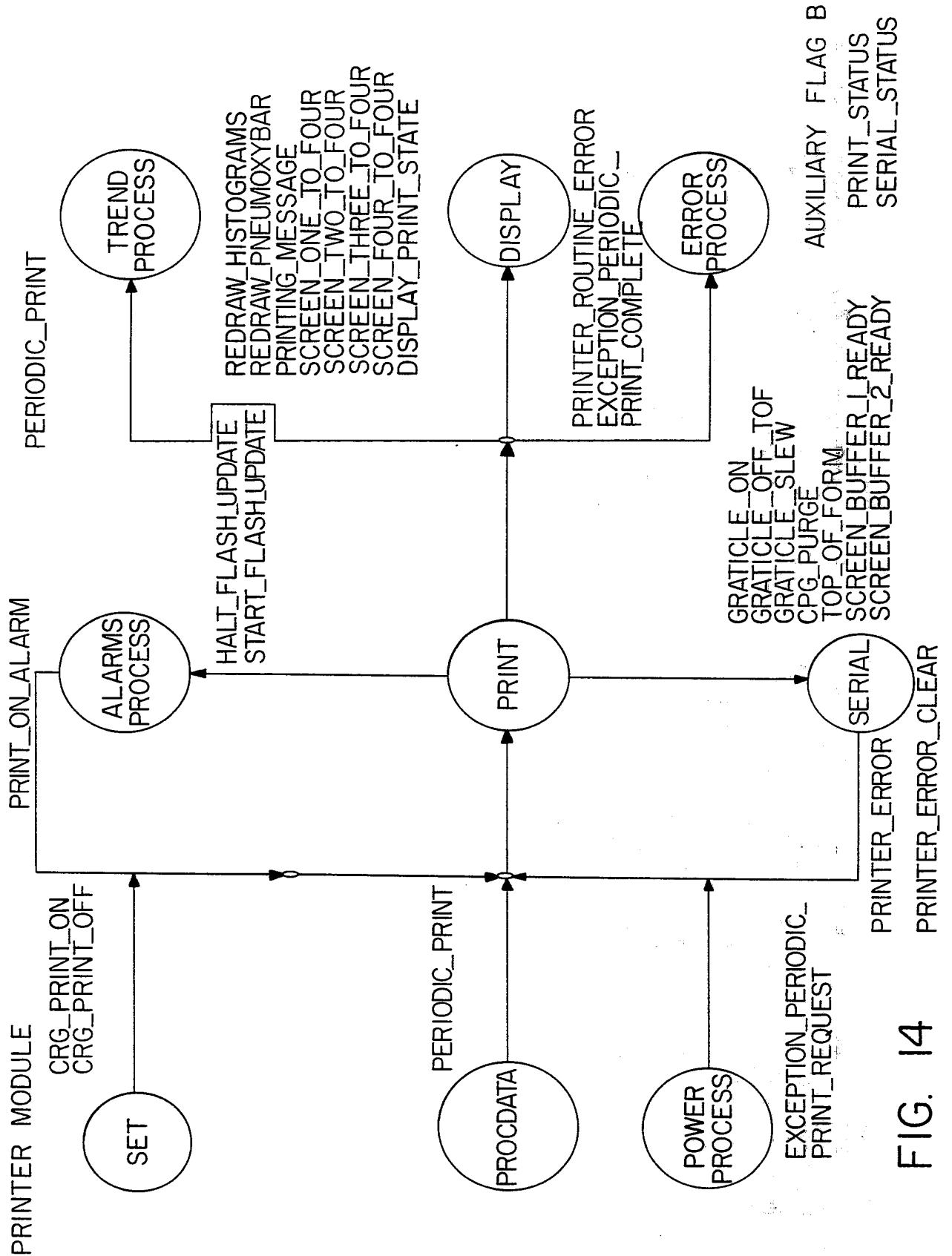


FIG. 14

14/20

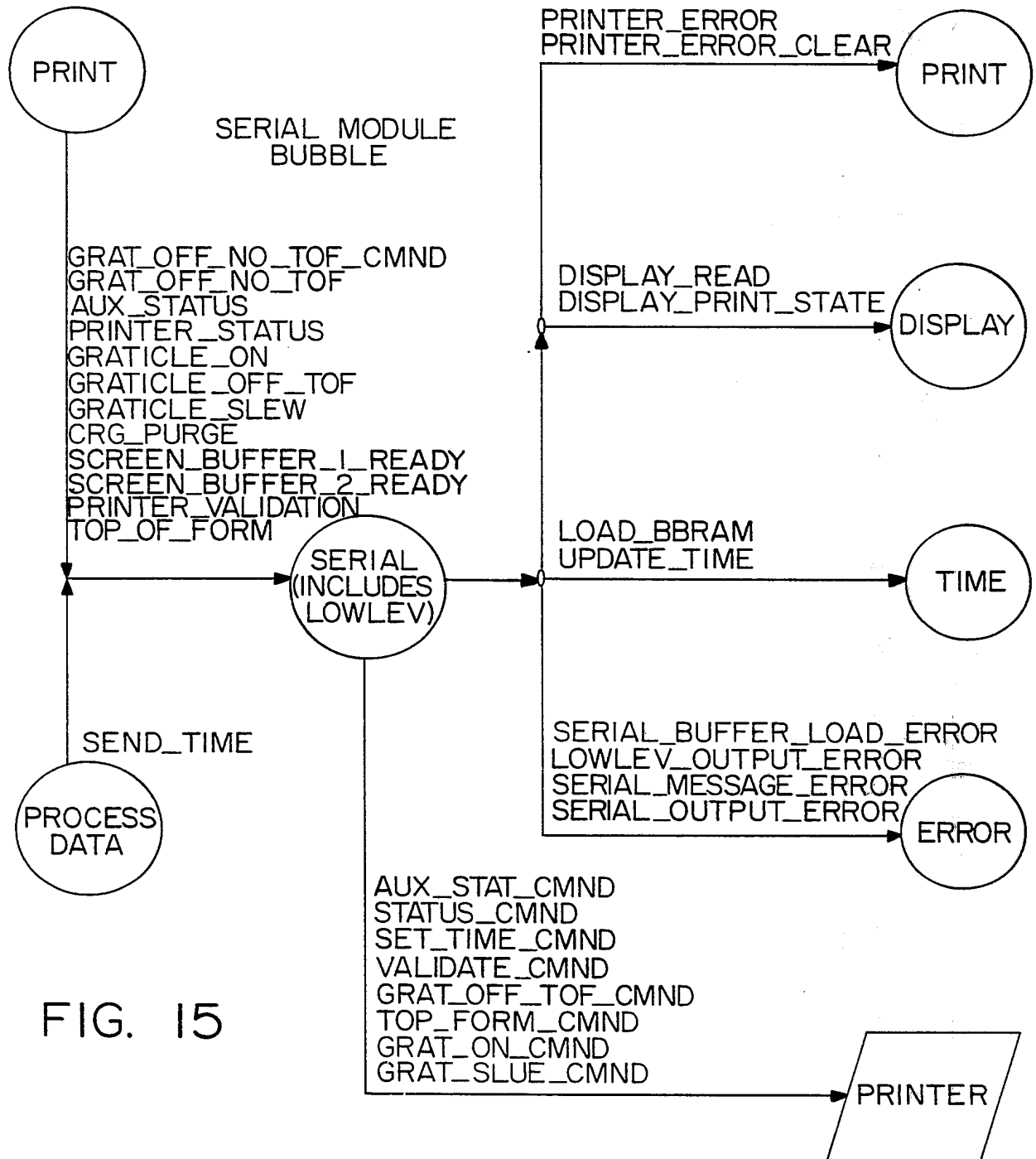


FIG. 15

LOWLEV PRINTER DRIVER

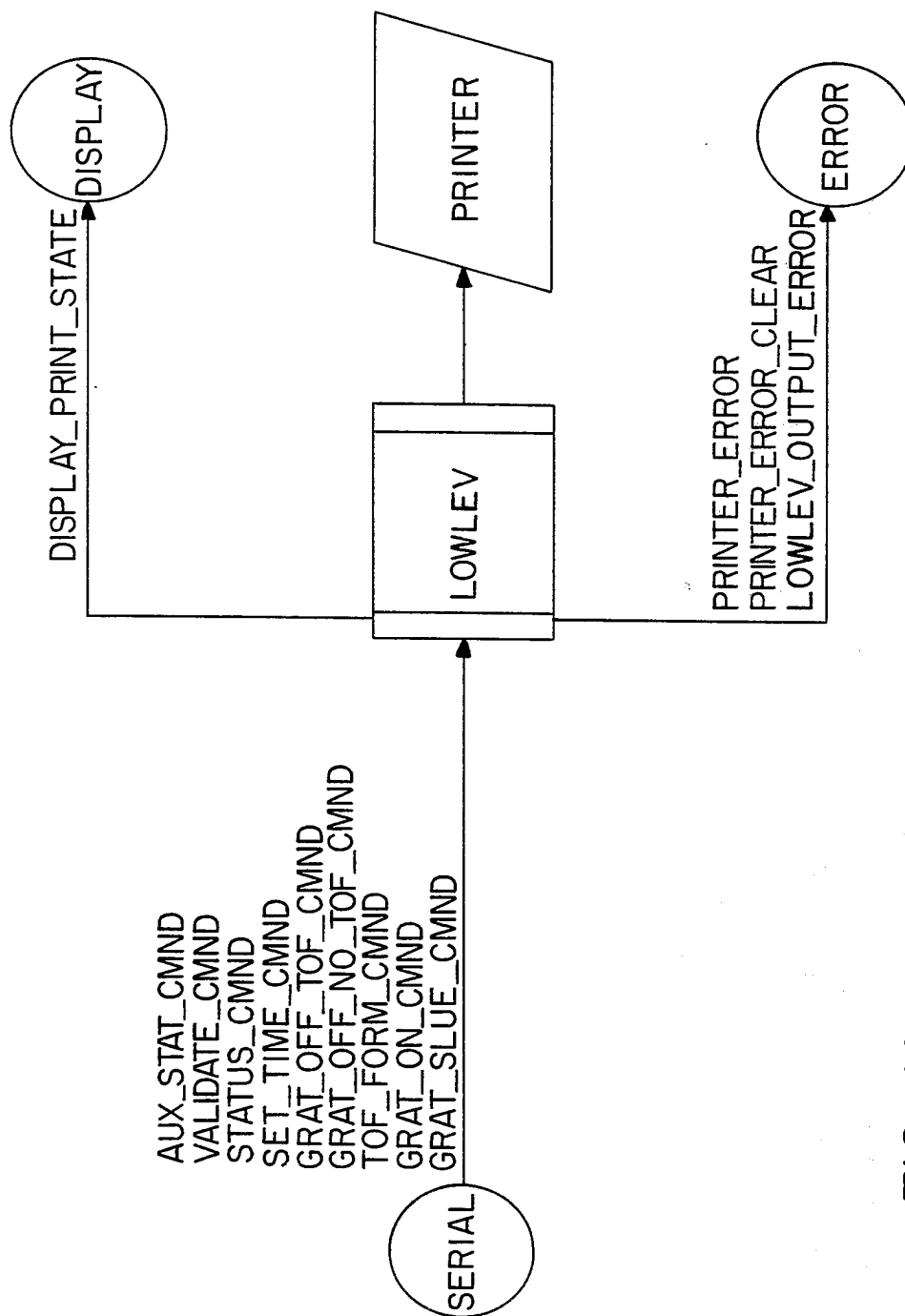


FIG. 16

16/20

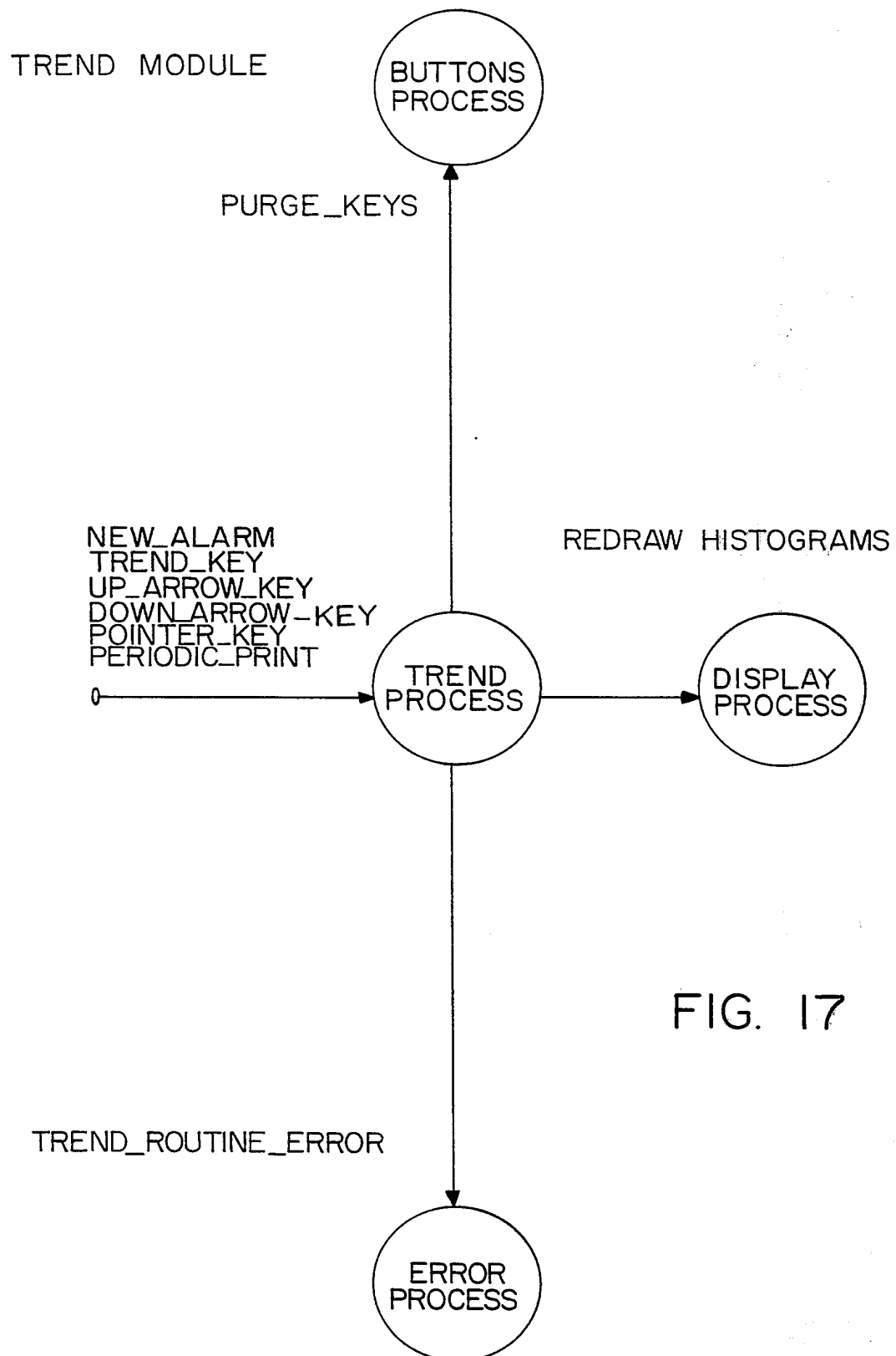


FIG. 17

17/20

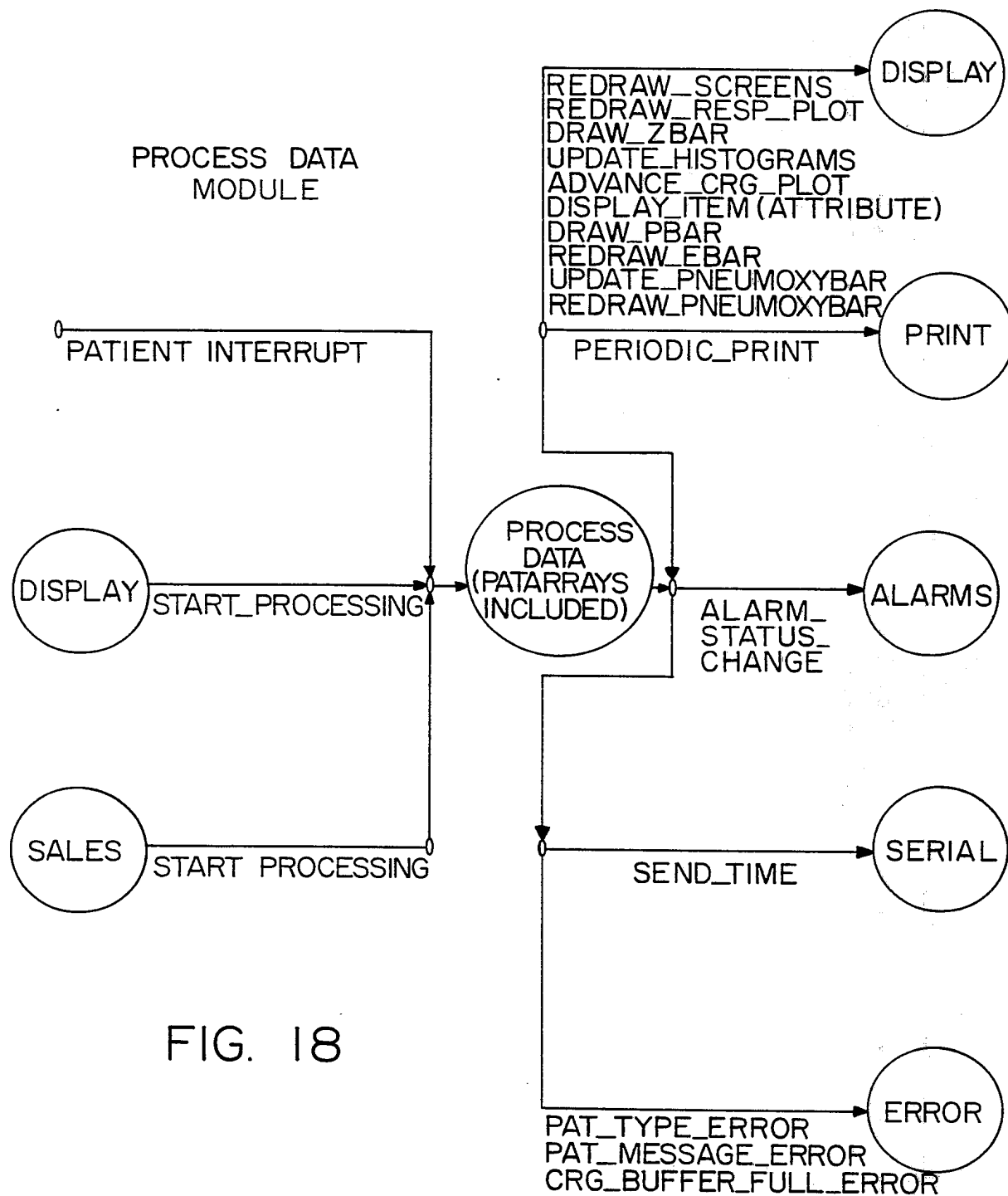


FIG. 18

18/20

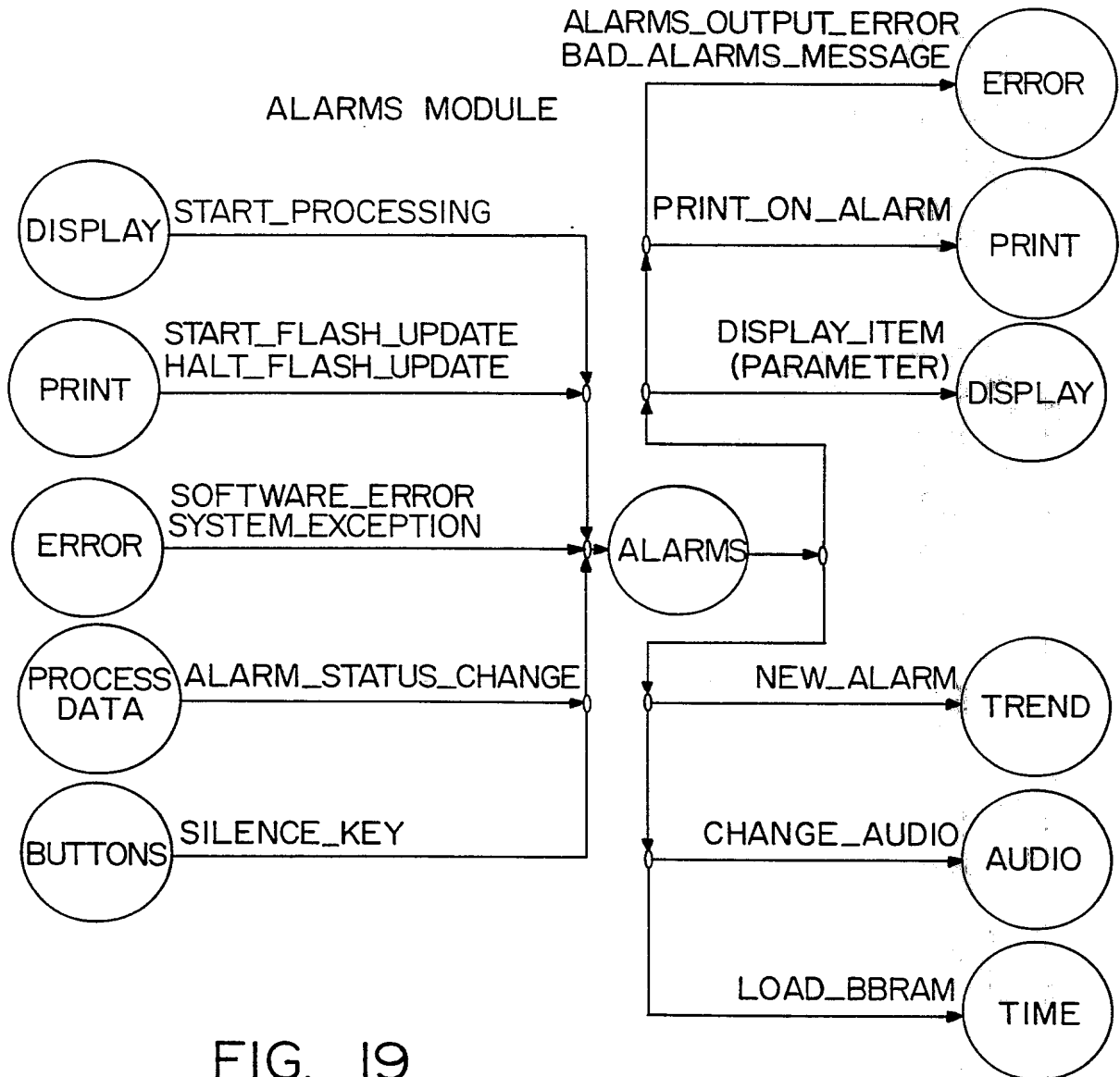
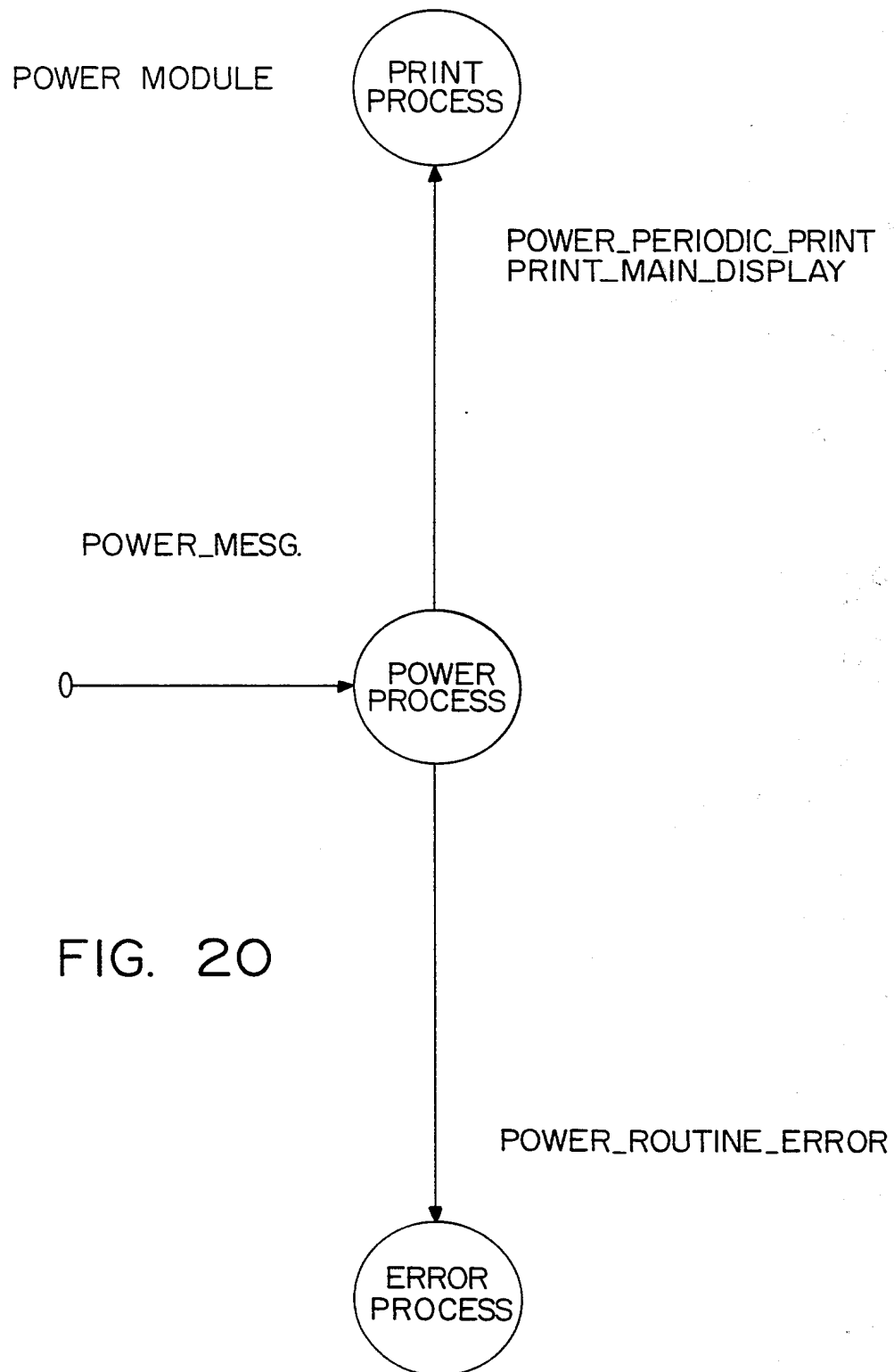


FIG. 19

19/20



20/20

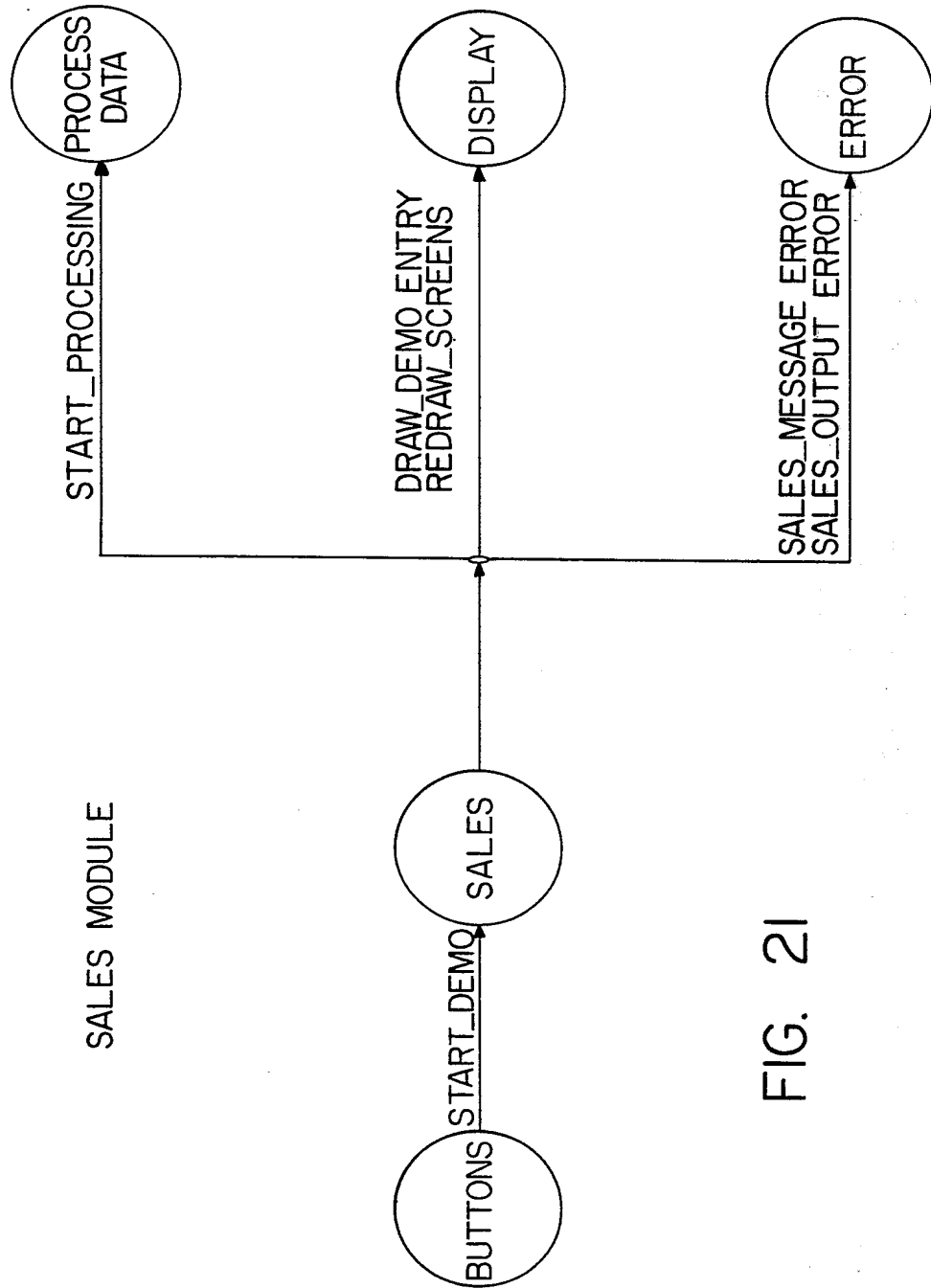
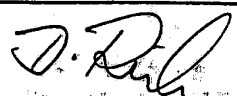


FIG. 21

INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 90/00858

I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all) ⁶		
According to International Patent Classification (IPC) or to both National Classification and IPC Int.Cl. 5 A61B5/113 ; A61B5/0205		
II. FIELDS SEARCHED		
Minimum Documentation Searched ⁷		
Classification System	Classification Symbols	
Int.Cl. 5	A61B ; A61F	
Documentation Searched other than Minimum Documentation to the Extent that such Documents are Included in the Fields Searched ⁸		
III. DOCUMENTS CONSIDERED TO BE RELEVANT⁹		
Category ¹⁰	Citation of Document, ¹¹ with indication, where appropriate, of the relevant passages ¹²	Relevant to Claim No. ¹³
Y	EP,A,233551 (HELLIGE G.M.B.H.) 26 August 1987 see column 3, line 17 - column 4, line 4	1, 6, 10, 13, 19
A	see column 4, line 45 - column 5, line 20 see column 6, line 39 - column 7, line 22 see claims 1-3, 10; figures ---	2
Y	Proceedings of the Twelfth Annual Northeast Bioengineering Conference, March 13-14, 1986, Yale University, New Haven, Connecticut (US) pages 51 - 54; M.L. Kejariwal et al.: "Microprocessor-based home monitor for sudden infant death syndrome" see pages 51 - 54	1, 6, 10, 13, 19
A	---	7-9, 14, 15
	---	--- -/--
¹⁰ Special categories of cited documents : "A" document defining the general state of the art which is not considered to be of particular relevance "E" earlier document but published on or after the international filing date "I" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or other means "P" document published prior to the international filing date but later than the priority date claimed "T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art. "&" document member of the same patent family		
IV. CERTIFICATION		
Date of the Actual Completion of the International Search	Date of Mailing of this International Search Report	
11 JUNE 1990	28 JUIN 1990	
International Searching Authority	Signature of Authorized Officer	
EUROPEAN PATENT OFFICE	RIEB K.D. 	

III. DOCUMENTS CONSIDERED TO BE RELEVANT (CONTINUED FROM THE SECOND SHEET)		
Category °	Citation of Document, with indication, where appropriate, of the relevant passages	Relevant to Claim No.
A	US,A,3894533 (R.L. CANNON) 15 July 1975 see column 2, line 55 - column 3, line 40 see column 4, line 5 - column 5, line 6; figures ---	1-5
A	MEDICAL AND BIOLOGICAL ENGINEERING AND COMPUTING. vol. 19, no. 01, January 1981, STEVENAGE GB pages 83 - 90; C.A. Scholten et al.: "Descriptors of the rhythmicity in respiration and heart beat of newborn infants" see pages 84 - 86, section 3 "Epoch Analysis" ---	1, 5, 9, 11, 12, 16, 18
A	WO,A,8304369 (HEALTHDYNE, INC.) 22 December 1983 see page 9, line 1 - page 11, line 19 see page 13, line 12 - page 14, line 31 see page 19, lines 13 - 36; figures see page 34, line 5 - page 41, line 32 ---	1, 6, 9, 16, 19

**ANNEX TO THE INTERNATIONAL SEARCH REPORT
ON INTERNATIONAL PATENT APPLICATION NO.**

US 9000858

SA 35022

This annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report.
The members are as contained in the European Patent Office EDP file on
The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

12/06/90

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		JP-A- 50079186	27-06-75

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